

DISCOURSE ANALYSIS OF
CONSTRUCTIONS OF COUPLE THERAPY

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By

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Abstract

Under-utilization, premature termination, and lack of between-session engagement have been discussed in the couple therapy literature in terms of how they negatively impact the course and outcome of couple therapy. The goal of the present research was to investigate the discourses that people use when (1) constructing meaning about the act of engaging in couple therapy; (2) constructing what constitutes a positive couple therapy experience; and (3) constructing the influence of couple therapy on daily living. Discourse analysis, with a particular focus on interpretative repertoires (Potter & Wetherell, 1987), was used as the methodology for the three studies reported here. The data included eight semi-structured interviews with individuals who had participated in couple therapy and postings from three different online discussion forums. In study one, two interpretative repertoires -- the “relationship breakdown” repertoire and the “commitment” repertoire -- were constructed from the interview data. The premise of these repertoires is that couples seek couple therapy when they believe their relationship is broken and when they are committed to remaining in the relationship and resolving the problems. I argue that these interpretative repertoires can help us understand the decision or reluctance to enter couple therapy. In study two, one interpretative repertoire -- “the shoe must fit” repertoire -- was constructed from the interview and online data. This repertoire suggests that a particular “fit” between the couple and their therapist needs to be present in order for the couple to have a positive therapy experience. I argue that this interpretative repertoire facilitates understanding the decision to remain in or drop out of couple therapy. In study three, the interpretative repertoire “therapy life is not real life” was constructed from the interview data. According to this repertoire, couple therapy runs alongside daily life, but rarely influences it significantly. In this study, I argue that the “therapy life is not real life” repertoire helps us to better understand

between-session engagement in couple therapy. Conclusions and implications for therapists and researchers are discussed.

Table of Contents

Chapter 1: Introduction.....	1
Overview of the Goals of the Research.....	2
Overview of the Studies.....	2
References.....	6
Chapter 2: Methodology and Epistemology.....	9
Methodology: Discourse Analysis.....	9
Interpretative Repertoires.....	9
Criteria for Evaluating the Quality of the Analysis.....	11
Epistemology: Social Constructionism.....	13
References.....	16
Chapter 3: Meaning Constructed about Couple Therapy.....	18
Overview.....	18
Literature Review.....	18
Illness Perception.....	18
Help-Seeking Behaviours.....	19
Attitudes and Expectations.....	21
Purpose of the Study.....	25
Method.....	25
Methodology and Epistemology.....	25
Data.....	26
Procedure.....	28
Analysis.....	28

Interpretative Repertoires.....	28
The “Relationship Breakdown” Repertoire.....	28
The “Commitment” Repertoire.....	34
Discussion.....	43
The “Relationship Breakdown” Repertoire.....	43
The “Commitment” Repertoire.....	47
References.....	52
Chapter 4: Constructing a Positive Experience in Couple Therapy.....	56
Overview.....	56
Literature Review.....	56
The Role of the Therapist.....	56
The Role of the Therapy Context.....	60
Couple Therapy: An Individual Experience.....	60
Premature Termination.....	62
Purpose of the Study.....	66
Method.....	66
Methodology and Epistemology.....	66
Data.....	67
Interviews.....	67
Discussion Forums.....	69
Procedure.....	70
Analysis.....	71
The “The Shoe Must Fit” Repertoire.....	71

The Shoe Must Fit.....	71
If the Shoe Doesn't Fit.....	76
Making Sure the Shoe Fits.....	81
Discussion.....	85
References.....	93
Chapter 5: Constructing the Influence of Couple Therapy on Daily Life.....	98
Overview.....	98
Introduction.....	98
Purpose of Study.....	108
Method.....	108
Methodology and Epistemology.....	108
Data.....	109
Procedure.....	111
Analysis.....	111
The "Therapy Life is not Real Life" Repertoire.....	112
Discussion.....	124
References.....	131
Chapter 6: Summary and Conclusions.....	136
Overview of Studies.....	136
Possible Interactions Between Interpretative Repertoires.....	139
Clinical Implications.....	142
Future Directions.....	144
Limitations.....	145

References.....	147
Appendix A: Recruitment Poster.....	148
Appendix B: Interview Schedule.....	149
Appendix C: Ethics Approval.....	152
Appendix D: Ethics Approval of Study Amendments.....	153
Appendix E: Informed Consent Form.....	154

Chapter 1: Discourse Analysis of Constructions of Couple Therapy

Couple therapy was first developed in the 1930s (Gurman & Fraenkel, 2002) and gained in popularity in Canada particularly in the 1960s (McLuckie, Allan, & Ungar, 2013). In the last 25 years, couple interventions have been refined and a large quantity of research has been published in the area (Gurman & Fraenkel, 2002). Theorists, therapists, and researchers have spent decades developing and investigating couple therapy approaches and techniques in order to improve their effectiveness, efficacy, and outcome (Johnson & Lebow, 2000; Snyder, Castellani, & Whisman, 2006). Similarly, couple therapists spend years in training and supervision, followed by countless hours in professional development in order to perfect their skills in an effort to improve the success of the therapy they offer their clients. Based on the significant amount of research in the field, we know that couple therapy has been shown to be an efficacious and effective treatment for couples in distress (e.g., Christensen, Atkins, Yi, Baucom, & George, 2006; Lundblad & Hansson, 2006). When considering couple therapy, we typically think about the therapy sessions; and when visualizing what happens in couple therapy, we picture the actions that take place during these sessions, what the therapist is doing, and how the couple is responding. However, it is likely that therapists would state that it is not what happens during the therapy sessions, but rather what happens between them, that has the biggest impact on whether or not clients are able to achieve their therapy goals (Ronan & Kazantzis, 2006; Stricker, 2006). The importance of out-of-therapy actions and events is true for individual therapy (Ronan & Kazantzis, 2006; Stricker, 2006) but perhaps even more so for couple therapy as the majority of couple interactions take place when the couple is at home going about their daily lives (Dattilio, Kazantzis, Shinkfield, & Carr, 2011).

For this dissertation, I have adopted a manuscript style format. In this brief introductory chapter, I provide an outline of each of the three manuscripts that form the analytic chapters. A thorough literature review relevant to the research question(s) pursued in each of the manuscripts appears at the beginning of each of these three analytic chapters.

Overview of the Goals of the Research

The literature in the area of couple therapy has identified a number of on-going challenges. These challenges include under-utilization or reluctance to enter into couple therapy (Doss, Atkins, & Christensen, 2003), premature termination or dropping out of couple therapy (Masi, Miller, & Olson, 2003), and lack of therapy engagement or follow-through regarding therapy tasks (Dattilio, Kazantzis, Shinkfield, & Carr, 2011). Each of these challenges can have negative implications for couples and therapists in terms of emotional and relational wellbeing and financial costs (Bischoff & Spreckle, 1993). The goals of the three studies that comprise this dissertation were to explore these challenges by examining the discourses that people who have experienced couple therapy draw on when they are asked to talk about their course of therapy.

Overview of the Studies

In the first study, I investigated how people who have gone through couple therapy constructed their expectations of such therapy and the meaning they attributed to the act of engaging in couple therapy. Through the investigation, I sought to develop a greater understanding of the meaning people construct about engaging in couple therapy, in order to build an argument for the possible reasons for the tendency to be reluctant to enter couple therapy. Different areas of the literature related to the utilization of healthcare and psychotherapy were reviewed in this first study. For example, illness perception, i.e., the way people experience illness and other conditions (e.g., Freeman, et al., 2013), is discussed as it facilitates

understanding the utilization of various forms of health care interventions. The notion of help-seeking behaviours is also explored as it has been used by researchers to better understand people's utilization of psychotherapeutic interventions (e.g., Andrews, Issakidis, & Carter, 2001). Although the majority of the research related to utilization of psychotherapy has focused on individual modes of psychotherapy, some researchers have extended the literature to include couple therapy (e.g., Tambling & Johnson, 2010).

In this study, I have argued that a better understanding of the meaning people construct about the act of participating in couple therapy can be helpful in developing an understanding of the reluctance observed in the literature toward entering into couple therapy. An underlying assumption in the study is that people construct meaning about their social world and the events that comprise it through the use of language (McLeod, 2001). As such, discourse analysis was the methodology adopted for the analysis in this study, in which the guiding research question was: What discourses do individuals who have participated in couple therapy draw on when constructing what it means to be seeking couple therapy?

In the second study, I explored people's constructions about what was important in order to have positive experiences in couple therapy. I then argue for how such constructions might inform people's choice to terminate therapy early. The process literature in couple therapy has generally focused on what happens during therapy sessions, by investigating intervention strategies and actions or behaviours of the therapist. More specifically, two broad categories of the role or actions of the therapist and the therapeutic atmosphere have been focused upon (e.g., Estrada & Holmes, 1999). A logical consequence of perceiving a lack of favourable qualities in one's couple therapy experience might be to discontinue the therapy altogether. As such, literature in the area of premature termination is also reviewed in the second study. In the

literature regarding premature termination, various factors such as therapeutic alliance (Sharf, Primavera, & Diener, 2010) and socioeconomic status (Bischoff & Sprenkle, 1993) have been found to be predictive of terminating therapy early. However, the notion that clients might simply have found that the therapy experience did not meet their expectations in some way has not typically been considered in this literature. As such, in the second study I have argued that an understanding of what clients construct as a positive couple therapy experience might facilitate a better understanding of their decision to remain in or drop out of therapy. As was the case in the first study, an underlying assumption in the second study is that people use language or discourse to construct their experiences in the social world. The guiding research question of the second study was: What discourses do people draw on when constructing what is important for a positive couple therapy experience?

Finally, in study three I considered disengagement in couple therapy by exploring the interplay between couple therapy and daily life, through investigating how people construe the impact of couple therapy on daily life. In this study, I reviewed literature on between-session processes, as it is during the time between the therapy sessions that the interplay between therapy and daily life takes place. In general, research has shown that therapy engagement and between-session processes are important for the overall therapy process as well as for therapy outcome (e.g., Zeeck & Hartmann, 2005). Therapists often encourage between-session engagement through the use of homework activities (Dattilio, Kazantzis, Shinkfield, & Carr, 2011). Research on the use of homework in psychotherapy has generally shown that the inclusion of homework activities was associated with more positive therapy outcomes (e.g., Rees, McEvoy & Nathan, 2005). Given this finding, as well as the findings relating between-session processes in general to therapy outcome, it is not surprising that compliance with homework activities is also related to

therapy outcome (Kazantzis, Deane, & Ronan, 2000). In the third study I have argued that a better understanding of the ways that individuals construct how couple therapy impacts daily life is important for understanding between-session engagement and its impact on couple therapy outcome. As with the previous two studies, I adopted the same underlying assumptions regarding people's discourses as being a means by which social phenomena are constructed. In the third study, the guiding research question was: How do participants in couple therapy construct the influence of therapy on daily living?

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Chapter 2: Methodology and Epistemology

Methodology: Discourse Analysis

Discourse analysis can be broadly described as the “close study of language in use” (Taylor, 2001, p. 5). Although there are many varieties of discourse analysis, “discourse analysis in social psychology” (DASP; Wood & Kroger, 2000) or “discursive psychology” is the form used in the present three studies. This variety of discourse analysis was developed in the context of social psychology (Gilbert & Mulkay, 1984; Potter & Wetherell, 1987), but has been applied in a variety of fields of inquiry such as, for example, nutrition (Koteyko, 2010) and nursing (Biley, 2010). According to Potter and Wetherell (1987), discursive psychology is concerned with the analysis of the versions of the social world that people construct through language and conversations. As such, language or discourse is the means by which people construct meaning about events, acts, and phenomena. By analyzing the discourse participants use when talking about their couple therapy experiences, we can understand the meaning they construct about these experiences.

Interpretative Repertoires. Interpretative repertoires attempt “to look systematically at the organization of phenomena which social psychologists have traditionally understood in terms of attitudes, beliefs, and attributions (Potter & Wetherell, 1987. p. 146).” Interpretative repertoires are systems of terms and metaphors that are recurrently drawn upon to characterize and evaluate actions, events, and phenomena (Potter & Wetherell, 1987). These repertoires are constructed socially and culturally through language and people draw on different interpretative repertoires depending on the goals they are seeking to accomplish or the manner in which they wish to position themselves regarding particular phenomena (Potter & Wetherell, 1987). In an example of this type of analysis, Lawes (1999) examined 20 interviews about marriage. The

purpose of her study was to investigate “how marriage was constructed in conversation, and to examine the diverse ways in which speakers dialogically constitute what they do as an instance of marriage – or fidelity, or divorce, or whatever (p. 3).” Speakers in this study drew on two interpretative repertoires, the “romantic” repertoire and the “realist” repertoire. In the “romantic” repertoire, participants presented an optimistic theoretical account of what marriage “is” or what marriage “should be.” Accordingly, successful marriages were constructed as both permanent and exclusive with the notion of the right person as a provider of continuous happiness and efforts toward commitment and communication as important for maintaining this ideal. Unsuccessful marriages could be accounted for by failure of one or both of the spouses on one or all of these accounts. The “realist” repertoire, on the other hand, grounded marriage in “the real world.” In this repertoire, marriage was characterized by poverty, infidelity, illness, and other stressors, which challenged personal happiness. Personal happiness was seen as relatively fragile. Consequently, marriage was constructed as liable to deteriorate. Contrary to the “romantic” repertoire, the “realist” repertoire was a discourse of passivity and dejection, with notions of blame or credit for successes or failures being less applicable in this context (Lawes, 1999).

In discursive psychology, negative cases, inconsistencies, and contradictions are actively explored as part of the analysis and are thought to either challenge the claims made or further strengthen the analysis if adequately accounted for. Negative cases are exceptions to the proposed claims and they must be accounted for either by showing how a modification or adjustment to the hypothesis can make a negative case fit the claim or by showing that the negative case in question involves a different pattern or claim and therefore is outside the scope of the original claim altogether (Wood & Kroger, 2000). Further, if the interpretative repertoires identified in the data are meaningful, inconsistencies and contradictions would be the source of

unease or conflict for the discursive user. As such, resolution of them is necessary in order to maintain the meaningfulness of the repertoires being proposed (Potter & Wetherell, 1987; Wood & Kroger, 2000). In Lawes' (2000) study, the two repertoires drawn upon by the participants were highly contradictory. Given the contradictory nature of these repertoires, their use together would be expected to lead to conflict for the speaker trying to reconcile them. Lawes discussed the manner in which the participants in her study attempted to resolve this conflict. One technique used was that of particularization (Billig, 1987), which involved setting the particular circumstances of the conflicting account aside as a "special case." For example, a participant talked about marriage in general terms using the "romantic" repertoire; however, when asked to reconcile the existence of the "realist" repertoire, she was able to acknowledge the presence of the problem it posed by relocating it to her own marriage and setting it aside as a "special case" accounted for by the individual characteristics of her husband's and her own personalities. As such, the fact that the participants in Lawes' study oriented to the contradiction as predicted and attempted to resolve this contradiction through their discourse provides support for the meaningfulness of the proposed interpretative repertoires.

Interpretative repertoires were chosen as the focus for analysis in the present studies because the goal of the studies was to understand the way different aspects of the phenomenon of couple therapy are constructed in our culture. A focus on interpretative repertoires lends itself well to this purpose because such discursive patterns enable us to see how people characterize phenomena.

Criteria for Evaluating the Quality of the Analysis. In general, it is important to note that notions of testability and quality control in discourse analysis differ from how these concepts are understood in more traditional post-positivist research methodologies (Peräkylä, 2005; Potter

& Wetherell, 1987). In discourse analysis, several analytical techniques can be used to validate research findings. In the present study, the four techniques proposed by Potter and Wetherell (1987) were used, i.e., coherence, participants' orientation, new problems, and fruitfulness.

Coherence in discourse analysis refers to the idea that claims made about a body of discourse should give coherence to that discourse and allow us to see how the discursive structure produces effects and functions, and how the discourses fit together. Loose ends and features of the discourse that do not fit the explanation are likely to cause the analysis to be regarded as less complete and trustworthy. However, an explanation that accounts for both micro-sequences and broad patterns is likely to be taken seriously. The importance of negative cases and confirmation through exceptions previously discussed also comes in to play here (Potter & Wetherell, 1987; Wood & Kroger, 2000).

Participants' orientation is another source of validation of discourse analysis. Participants' orientation is based on the conception that the material analysed via discourse analysis is of importance and consequence to participants' lives. Therefore, it is important that participants orient themselves to, or demonstrate awareness of, the discourse in ways that are consistent with the claims made by the discourse analyst. If participants, on the other hand, do not show such awareness by orienting themselves to the inconsistencies suggested by the analyst, the validity of the findings should be questioned (Potter & Wetherell, 1987). An example of evidence that participants orient themselves to such inconsistencies might include discursive attempts at addressing the inconsistencies proposed by the analyst.

Another way of validating claims made in discourse analysis is the generation of new problems as a result of the resolution of other problems (Potter & Wetherell, 1987). For example, in the context of relationships a solution to the problem of dishonesty might be to be truthful;

however, always being truthful inevitably will result in hurting someone's feelings at some point. So, in solving one problem, another one was created. Accordingly, the existence of the secondary problems is used as a validity check on the existence of the primary problems and thus validate the discourse analysis (Potter & Wetherell, 1987).

The fourth criterion that was used to validate the findings of the present research was fruitfulness. This validity concept refers to the scope of an analytic scheme to generate novel explanations and to make sense of new kinds of discourse. In other words, if an explanation or interpretation does not generate fresh solutions to problems, it is of little use and will be accorded less respect. Through the use of these four techniques for validating the findings of this research, a stringent and critical examination of the data was conducted.

Epistemology: Social Constructionism

The epistemological stance of this study is social constructionism. According to Crotty (1998), constructionism can be defined as “the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context” (p. 42). Social constructionism has four key assumptions. The first is a critical stance towards knowledge, in particular knowledge that is generally “taken-for-granted” (Burr, 2003). Social constructionism encourages us to be critical of the idea that our observations of the world straightforwardly represent its true nature (Burr, 2003). In the framework of the present study, social constructionism encouraged critical appraisal of basic assumptions of all concepts related to the research process, and it facilitated taking a critical stance towards “taken for granted” knowledge of marriage, relationships, gender roles, and other concepts around which meaning about couple therapy tends to be constructed.

The second assumption at the foundation of social constructionism is that the meaning we make of the world is historically and culturally specific (Burr, 2003). That is, the historical and cultural contexts in which we live and have grown up influence our constructions of the world in significant ways. In terms of the present study, I understood participants as constructing accounts of their therapy experiences based on the historical and cultural contexts in which they were located. Similarly, the accounts I constructed through my analysis of the data are specific to my historical and cultural background.

According to Burr (2003), the third foundational assumption of social constructionism asserts that our knowledge of the world is not derived from the nature of the world as it really is; it is constructed between people. Knowledge is constructed between people through our daily interactions in the course of social life. Therefore, due to its central role in daily interactions between people, language plays an essential part in social constructionism. Specifically, people construct meaning of the world through their use of language. Accordingly, I assumed that the meaning participants made regarding their therapy experiences was constructed through verbal accounts. Each participant's experiences in couple therapy were constructed through interactions with his or her partner, through interactions with others in their environment, and through the presence of relevant cultural discourses. Their accounts were then formed and re-formed during a research interview with me. These accounts were analysed and, based on the analysis, I constructed new interpreted versions that again have been formed through written language.

The fourth assumption of social constructionism is that different constructions of the world bring or invite different kinds of actions from human beings (Burr, 2003). That is, the actions people choose to take in response to a situation depend on what meaning they have constructed about the given situation. For example in the context of couple therapy, if a

participant constructs his wife as not participating appropriately in the therapy sessions due to negative feelings toward him, his actions toward her might reflect this construction, and he might communicate irritability or hostility when interacting with her. If, on the other hand, he constructs her lack of participation to indicate feelings of depression, he might communicate worry and concern toward her instead. In other words, the husband's construction of the situation shapes his actions in response to it.

As indicated above, the epistemological stance of this research has significant implications for aspects of the research process. For example, in accordance with social constructionism, I acknowledge that my interactions with the participants were influenced by a number of factors including my knowledge about couple therapy, my training in therapy and interviewing, and my own life experiences as they apply to the topic and to the participants. In addition, the manner in which the data were approached and analysed and the conclusions that I constructed from the analysis were influenced by similar factors. Finally, individuals who read the final product will make their own meaning of the constructed accounts presented to them.

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Chapter 3: Meaning Constructed about Couple Therapy

Overview

In spite of its long history, couple therapy remains an avenue many people wish to avoid, and therapists often express concern that many couples do not seek therapy until their relationship difficulties have developed to a point at which the effectiveness of any intervention might be reduced (Doss, Atkins, & Christensen, 2003). The utilization of psychotherapeutic interventions has been investigated from several perspectives. As such, literatures on help-seeking behaviours (e.g., Andrews, Issakids, & Carter, 2001; Komiya, Good, & Sherrod, 2000), illness perceptions (e.g., Freeman, et. al., 2013), expectations (e.g., Tambling & Johnson, 2010) and attitudes regarding therapy (e.g., Vogel, Wester, Wei, & Boysen, 2005) seek to explain what contributes to people's decisions to enter therapy and their subsequent therapy experiences. The literature suggests that the meaning people construct about phenomena influences their behaviours regarding that phenomena (Park & Folkman, 1997). Further, Florio-Ruane (1997) discussed how shared meanings within a culture influence the personal meaning people construct about phenomena in daily life. In keeping with these positions, I assumed for the purpose of the present study that the meaning participants construct about their participation in couple therapy is influenced by culturally constructed ideas about this form of intervention.

Literature Review

Illness Perception

One avenue researchers have investigated in order to understand utilization of health care interventions is how people experience illness and other conditions, or illness perception. According to Leventhal, Diefenbach, and Leventhal (1992), the way people experience illness clusters around five themes: identity (diagnostic label and symptoms), cause, timeline (how long

will the illness last), consequences (expected impact and outcome), and cure/control (how will one recover from/control the illness). Illness perceptions are believed to be socially constructed through a person's previous experience with a given illness or condition. These experiences might also take form through second-hand experiences (e.g., a family member going through the condition in question) or via other social avenues, such as media or literature. The illness perception research posits that these themes, and particularly people's constructions about the cause, consequences, and curability of their conditions, are important for their receptivity and adherence to interventions, including counselling (Sperry, 2007). The literature on illness perception has primarily been focused on physical illness, although illness perception as it relates to therapy has also been explored. Although one study made reference to illness perception as having implications for couple therapy (Sperry, 2007), this claim has not been investigated specifically. As such, until further research has been conducted applying the principles of illness perception research to psychotherapy in general and to couple therapy specifically, this literature is only minimally helpful in facilitating a better understanding of people's decision to engage in couple therapy.

Help-seeking Behaviours

Contrary to the illness perception literature, research in the area of help-seeking behaviours has been conducted with a more specific focus on utilization of psychotherapeutic interventions. For example, in their study on mental health service utilization, Andrews, Issakidis, and Carter (2001) found that only a third of people with mental health disorders consulted a professional regarding their condition; those who did not consult primarily expressed a preference for managing on their own. Komiya, Good, and Sherrod (2000) investigated attitudes toward psychological help-seeking and found that stigma associated with counselling,

lack of openness to emotions, being male, and experiencing lower severity of psychological distress were associated with more negative attitudes toward seeking psychological help. Segal, Coolidge, Mincic, and O'Riley (2005) found that, among older adults, having negative attitudes about mental illness was associated with lower willingness to seek psychological help. They also found that older adults differed from younger adults in their perceptions of mentally ill people; they were more likely to view them as embarrassing, untrustworthy, and lacking social skills. Vogel, Wester, Wei, and Boysen (2005) investigated the role of attitudes and expectations in people's decisions to seek professional help. Their findings suggested that previous experience with counselling was associated with positive attitudes toward counselling, which in turn was important for people's willingness to seek counselling. Factors such as treatment fears and comfort with disclosure also had impact on people's intent to seek counselling for interpersonal problems. Help-seeking behaviours have been found to differ between men and women as fears of stigmatization and worries about the therapy process are typically more prevalent for men than for women (Englar-Carlson & Shepard, 2005). These studies add to our knowledge of help-seeking behaviours as these relate to individual therapy; however, without specific application to couple therapy, only speculative assumptions can be made regarding their transferability.

Although limited, some research has been conducted investigating help-seeking behaviours specific to couple therapy. The research on help-seeking behaviours in couple therapy has shown that wives are typically more active in seeking therapy than their husbands, while husbands become more active in seeking therapy if they are experiencing sexual dissatisfaction (Doss, Atkins, & Christensen, 2003). Bowen and Richman (1991) found that people were more likely to access such services if they had knowledge and prior use of these services, if they were willing to use informal avenues for support (such as turning to parents for

relational help), and if they had a lower educational level, although the authors noted the latter finding to be inconsistent with other research and attributed it to their unique sample of military personnel. Overall then, the literature on help-seeking behaviours with respect to psychotherapy, including couple therapy, shows that these services are generally under-utilized and that negative attitudes and stigma are associated with accessing such services.

Attitudes and Expectations

Although the literature on attitudes and expectations towards therapy has been focused primarily on individual therapy, client attitudes and expectations with regard to couple therapy have been investigated in a couple of studies. In both individual and couple therapy, clients enter therapy with expectations about what their therapy experience will entail. Research has shown that these expectations influence not only the course and outcome of therapy, but also the initial decision to seek therapy (Glass, Arnkoff, & Shapiro, 2001; Greenberg, Constantino, & Bruce, 2006; Noble, Douglas, & Newman, 2001; Tambling & Johnson, 2010). In a discussion about typical approaches to relationship conflict resolution, White (2009) discussed how couples entering couple therapy often expect to address relationship difficulties through the performance of a circumscribed, culturally constructed communication style; or, in other words, they have a culturally constructed expectation about the way communication or discourse will be used to solve problems in couple therapy. Similarly, participants in a study by Richards and Richards (1979) also had certain expectations of the couple therapy process. In this study, the investigators surveyed 60 individuals who had no prior experience with marital counselling and found that most of them had positive attitudes about marital counselling and a number of concrete expectations about what marital counselling would entail in terms of content and process; for

example, most of the participants expected marital counselling would include active guidance and skill training.

In another study investigating knowledge about and attitudes toward marriage counselling, Sharpley, Rogers, and Evans (1984) asked what marriage counselling is. Responses were categorized into the following eight themes: help and discuss, advise, arbitrate/mediate, keep couples together, don't know, an unpleasant process, help couples separate, and religious in nature. The theme of help and discuss was particularly prominent, suggesting that the people in the sample constructed marriage therapy as a forum where couples are helped through a discussion process. Most of the people in the sample did not have prior experience with marriage counselling. Of these, a small majority stated they were open to consulting a marriage counsellor. Their answers about what sort of problem they would bring to a marriage counsellor were grouped under four themes: general (e.g., communication problems, meeting partner's needs), specific couple problems (e.g., sex, infidelity, drinking, jealousy), specific child-rearing problems (e.g., drugs, insolence), and don't know. Sharpley et al. also asked their participants what they saw as major benefits and drawbacks to marriage counselling. The authors grouped the benefits reported into six themes: an objective and confidential viewpoint, access to a trained listener, helps to solve problems/make decisions, saves marriages, increases awareness of self and others, and promotes effective communication. Drawbacks were grouped into five themes: lack of credibility of counsellor, exacerbates problems, invasion of privacy, lack of client cooperation with counsellor, and over-reliance on counsellor for problem-solving. As noted, the vast majority of the participants in this study had never participated in marriage counselling. As such, the study did not explore what people had to say about their own participation in couple therapy.

Tambling and Johnson (2010), on the other hand, conducted conjoint interviews with couples before their first couple therapy session and after each of the next three sessions to investigate their expectations prior to therapy, whether these expectations influenced the therapy experience, and whether the expectations changed over the course of therapy. Their results showed that before entering couple therapy, participants were able to articulate clear expectations about their therapist, therapy experience, and the outcome of therapy. In general, people in their study expected couple therapy to be helpful to them in achieving their goals, resolving their presenting concerns, understanding their partner, and normalizing their experiences. In general, it appeared that people generally held positive attitudes and appropriate expectations about couple therapy, a finding that could be seen as somewhat surprising considering the conclusions in the help-seeking literature regarding people's reluctance to seek couple therapy. An understanding of the meanings people construct about the act of participating in couple therapy has the potential to further our understanding of the general reluctance to enter this form of therapy that appears to prevail in spite of positive attitudes and expectations regarding couple therapy.

Although the meaning people attribute to their actions and to their lives is central to certain therapy approaches, such as narrative therapy (White & Epston, 1990), meaning-making in terms of the meaning attributed to the act of participating in therapy has not been investigated directly in individual, couple, or family therapy. Drawing from literature from diverse areas such as social cognition, schema theory, coping, motivation, and meaning-making, Park and Folkman (1997) proposed a framework for understanding meaning-making at two levels: global meaning and situational meaning. Based on the prevailing literature in the area of meaning, Park and Folkman described global meaning as "people's basic goals and fundamental assumptions,

beliefs, and expectations about the world” (p. 116). According to their framework, global meaning is constructed through people’s accumulation of life experiences; it influences how people construct their understanding of the past and the present as well as their expectations for the future. In contrast, situational meaning refers to a process during which people first assess the personal significance associated with specific events that take place between the person and the environment. If a given situation is appraised as stressful, people use coping processes to search for meaning. Situational meaning also has implications for behaviour according to Park and Folkman’s model. As such, the outcome of the appraisal of a given situation motivates people to behave according to the significance of the beliefs, goals, or commitments that are being threatened by the situation at hand.

Applying Park and Folkman’s (1997) model of meaning-making to the act of participating in couple therapy suggests that people construct meaning about their participation in couple therapy in terms of themselves, their partners, and their relationships, and that the meaning they construct is a product of their accumulated constructed experiences with the practice of couple therapy as well as their exposure to prevailing cultural discourses about couple therapy. Likewise, Park and Folkman’s model can be applied to the areas of illness perception and help-seeking behaviours. Park and Folkman’s model would suggest that people appraise the variables associated with illness perception (i.e., identity, cause, timeline, consequences, and cure/control) or the possible helping options available for a given social, interpersonal, or mental health problem at the situational meaning level; they would use the outcome of such an appraisal when considering what actions to take.

Meaning-making as it applies to therapy has recently been investigated through analysis of discourse (e.g., Salvatore, Gelo, Gennaro, Manzo, & Radaideh, 2012). In contrast with models

that rely heavily on cognitivist notions such as perceptions, attitudes, expectations, and appraisals, an assumption of this research is that people use language or discourse to construct meaning of experiences and events in a shared social world (McLeod, 2001). In other words, we can learn about the meaning people construct about social phenomena by paying attention to the discourses they use when speaking about phenomena, such as their therapy.

Purpose of the Study

This study was guided by the research question: What discourses do individuals who have participated in couple therapy draw on when constructing what it means to be seeking couple therapy? Learning about these discourses can help us gain a better understanding of why people choose to engage in this form of intervention. Through this understanding, we might also learn more about the reluctance to participate in couple therapy that is observed in the literature.

Method

Epistemology and Methodology

The epistemological stance adopted in this study is social constructionism (Crotty, 1998). As such, an underlying assumption in the research is that all meaningful reality is constructed through social interactions between human beings and their world. Discourse analysis is the methodology chosen for the present study, with specific focus on interpretative repertoires (Potter & Wetherell, 1987). Interpretative repertoires are described as systems of terms and metaphors that are constructed socially and culturally through language. People draw on these interpretative repertoires when attempting to make sense of phenomena, events, or actions (Potter & Wetherell, 1987). Given that the aim of the study was to develop an understanding of the meaning people make of seeking couple therapy, I determined that interpretative repertoires would serve as an appropriate framework for the analysis.

Data

The data for the present study came from semi-structured interviews with eight individuals (five females and three males) aged 28 to 59 years who had participated in couple therapy.¹ The participants' experience with couple therapy varied in several ways (see Table 1). For example, some participants had participated in couple therapy on one occasion, while others had been through up to three different courses of couple therapy; for some participants, their therapy experience had taken place several years ago, while other participants' couple therapy was still on-going at the time of the interview; therapy courses varied from one session up to an unknown number described as "lots" of sessions; and the context of the participants' therapy experiences varied by setting (public community clinic versus private practice) and by therapist training (e.g., psychologist, psychiatrist, and unknown). Five of the participants were no longer in the relationship within which their couple therapy experience had taken place. Six of the participants' couple therapy experiences took place in the context of a marriage, while the remaining two were in common-law relationships. The length of the participants' relationships ranged from 2½ years to 21 years, with a mean of 12 years. Two of the participants were a married couple who were interviewed separately.

¹ The original intent was for the data in this study to include data from online discussion forums in addition to the data from interviews. However, due to difficulties encountered in the data collection process (further described in the Summary and Conclusions chapter of the dissertation), only interview data were included in the analysis for this study.

Table 1

<i>Couple Therapy Experience</i>								
Participant:	1	2	3	4	5	6	7	8
Courses of Therapy:	1	3	1	1	2	2	1	1
Year of Therapy:	2004/ 2009	1996/ 1999/ 2007	2004	Ongoing (2010)	2004/ 2009	2004/ 2009	2004	2008
Sessions per course:	1	3/6/6	4-5	“Lots” over 2 years	5/8	5/8	2	1
Setting:	Private	Private	Private	Private	Public/ Private	Public/ Private	Private	Canadian Forces
Therapist Title**:	Psychiatrist	Psyc*/ Psyc*/ Psyc*	Counsellor	MFT***	Psyc*/ Psyc*	Psyc*/ Psyc*	Un- known	Marriage Counsellor

* *Psyc = Psychologist*

** *Title as reported by participant*

*** *MFT = Marriage and Family Therapist*

Recruitment was conducted via posters (see Appendix A) placed in a number of public locations in Halifax and Kings County in Nova Scotia, Canada, such as waiting rooms of physicians’ offices, private practices, and community mental health clinics; bulletin boards of a post office and a library; and an online bulletin board on the internal network connecting three public health districts (accessible by staff of all three districts) in Nova Scotia, Canada. Some participants indicated having learned about the research by word of mouth. Interested participants contacted me by telephone or email. I explained the interview process, and an interview was arranged. With the exception of two, all interviews took place in the home of the participants. The other two interviews took place at the home of a friend of the participant and at

the home of the interviewer, respectively. Participants were remunerated with \$25 for their participation. In order to maintain the anonymity of the participants and other identifiable individuals (e.g., therapists), pseudonyms rather than actual names are used in all extracts.

The interviews in this study can be described as informal, conversational, and semi-structured in nature. As such, I had a number of predetermined questions designed to guide the general topic of the interviews (see Appendix B); however, participants were encouraged to take the questions in whatever direction they wished, and to provide as much or as little detail as desired. Further follow-up questions were asked according to the direction the participants went with the questions. The interviews lasted between 45 and 90 minutes. Each of the eight interviews was recorded on a digital recorder and later transcribed into text.

Procedure

The process of the analysis involved repeatedly reading through the data looking for patterns of discourse in the text that were specific to the research question. Through this process of reading and re-reading the text, I paid attention to the discourses or repertoires that organized the text, as indicated by the use of metaphors or repetitive use of phrases. Variability and differences in the discourse were used to indicate possible differences between repertoires or differing functions, which the repertoires might serve. Inconsistencies and negative cases were explored to determine if a revision or abolishment of a repertoire was warranted or if such inconsistencies could result in a deeper understanding of the repertoire at hand.

Analysis

Interpretative Repertoires

The “Relationship Breakdown” Repertoire. The first interpretative repertoire that was constructed through the data was the notion that going to couple therapy suggests a “relationship

breakdown.” This repertoire poses couple therapy as something people engage in when there is a problem in their relationship or something about it is “broken” or “wrong.” Couple therapy is then seen as the avenue for addressing the broken relationship.

The notion of the broken relationship is a common discourse that people draw from when trying to explain what it means for them to be going to couple therapy. For example, when asked about his beliefs regarding what it means to go to couple therapy, Bill states: “I pretty much figure if you are going to therapy, your relationship is pretty much broken.” Here Bill is deducing that going to therapy is a sign of a relationship in disrepair. Repeating the phrase “pretty much” suggests that he is framing his statement as a bottom line and as a succinct encapsulation. Similarly, while talking about the challenges she experienced while going through couple therapy, Meagan states: “I was realizing that there was something wrong,” suggesting that the act of going through couple therapy and the experience of the process played a role in her recognizing the problems in her relationship. As with Bill’s construction, Meagan’s statement shows how the “relationship breakdown” repertoire is deductively drawn upon to make sense of what it means to be in couple therapy. In other words, if one is going to couple therapy, one must have a relationship problem.

In discussing expectations going into couple therapy for the third time, Meagan also constructs her relationship as broken: “It was very evident, really clearly, that it had broken down so much that it wasn’t repairable at that point.” Here the construction of the relationship as broken is presented as having been developed prior to the initiation of therapy and not as a result of it. That is, in reference to going through therapy earlier on in her relationship, Meagan draws on the “relationship breakdown” repertoire to present herself as realizing or deducing, as a function of going through therapy, that there was a problem in the relationship. However, when

she talks about having a problem later on in the relationship, drawing on the same repertoire is presented as providing the solution or “next step” of going to couple therapy again, which is what she did. In the excerpt above, Meagan notes that the degree of “brokenness” of her relationship means it is beyond the point where it can be repaired, indicating a perceived connection between the level of brokenness and the outcome of therapy. Using terms like “very evident” and “really clearly,” Meagan emphasizes the degree of her conviction with regard to the irreparability of the relationship. However, in spite of her lack of faith in the fruitfulness of the therapy, Meagan went to therapy, demonstrating the power of the repertoire she is drawing upon when constructing what to do when a relationship problem exists.

Brian also links the complexity of the problems in the relationship to people’s decision to enter therapy. When talking about positive and negative aspects of couple therapy, he states: “The negative, I guess, of what most everybody would think is that if you are going for therapy you have got a problem — as opposed to, you know, maybe it is just a simple communication issue or something that you can’t quite figure out.” Here Brian is deducing that someone who is attending couple therapy has relationship problems that are more complex than “just a simple communication issue,” suggesting that people are believed to be able to resolve simpler problems on their own, whereas they go to therapy for more severe problems. Here the discursive repertoire that couple therapy signifies a relationship breakdown is drawn upon to explain what type of problem a couple is having if they are attending couple therapy. Brian’s reference to what he believes “most everybody would think” implies that there is a common cultural judgement with respect to what it means to be in couple therapy.

Sometimes the “relationship breakdown” repertoire is used to predict possible relationship outcomes. For example, when asked what it meant for her that she and her partner

were going to couple therapy, Christine states: “We had been having problems obviously...” and “It sucked because the last thing I wanted to do was become another statistic with divorce and separation and all that stuff.” Although Christine was aware that she and her partner were having problems, the idea of going to couple therapy signified the potential of certain undesirable relationship outcomes, such as divorce and separation, again suggesting the notion that couple therapy is indicative of problems of a particular magnitude, which ultimately can result in relationship dissolution.

Within the “relationship breakdown” repertoire, feelings of failure and shame are often attached to the idea of going to couple therapy. For example, when asked about challenges associated with couple therapy, Meagan says: “I almost felt like a failure. I was doing something wrong. That was probably the worst thing – was just admitting that we need to talk to somebody. We can’t do it by ourselves. We need help.” Here, Meagan talks about feelings of failure connected with the idea of “admitting” that she and her husband “needed” therapy, as if the “need” to ask for help is indicative of something shameful or embarrassing that one would be reluctant to share with others. In addition, her use of the term “need” suggests a lack of choice, as if only the act of going to couple therapy would correct the “wrong” that has taken place. Similarly, in stating that “because admitting to going to counselling was admitting that we had a problem,” Christine also suggests that the “admission” of attending couple therapy automatically signified to others that she and her partner were having relationship problems, again indicating a culturally agreed upon deduction that a relationship breakdown has taken place if a couple is in couple therapy. Like Meagan, Christine’s use of the term “admitting” suggests shame regarding going to therapy due to the implication of relationship problems.

Paul also talks about feelings of failure associated with going to couple therapy. In talking about what it meant for him to be going to therapy, he states:

It means we were failing or had failed, I guess. There is a sense of failure that you have got to go and ask someone else to help you in your relationship. And in a relationship with two people it is supposed to be, and now all of a sudden a third person is involved and trying to make it work.

In the excerpt, Paul corrects himself, first stating that he and his partner *were* failing, then stating that they *had* failed. The change from *were* to *had* suggests a construction of couple therapy as indicative of failure having already occurred, rather than of being in the process of failing.

Again, drawing from the “relationship breakdown” repertoire, going to couple therapy means that the relationship is already broken, and any failure associated has already taken place. Central to the construction of failure, for both Meagan and Paul, appears to be the notion of having to ask someone for help. Paul takes this notion further by noting the unnaturalness of having a third person enter what had until then been a dyad, suggesting this unnaturalness contributed further to the sense of failure and embarrassment.

The discourse of the “relationship breakdown” repertoire is also constituted metaphorically. When asked if he thought the experience of couple therapy affected how he saw his relationship, Brian states:

I mean, you are going to seek professional help, so it is the exact same as if you are really, really sick, and then you say: ‘I’ve got to go see the doctor.’ Well, up until that point, you are really sick.

In this excerpt, Brian is comparing the condition of the relationship before going to therapy to that of a sick person. For a sick person, going to the doctor would typically be construed as an

attempt at seeking assistance in resolving illness, which is perceived as being beyond what can be cured by oneself. The illness metaphor fits well within the “relationship breakdown” repertoire in that it compares the solution of going to couple therapy when one is experiencing relationship problems to the situation of a sick person going to the doctor. That is, if the relationship breakdown is beyond what can be resolved within the couple, “if you are really, really, sick,” then professional help in the form of couple therapy is the answer. The discourse used (“I mean, you are going to seek professional help...”) suggests a level of inevitability, indicating that going to therapy in response to relationship breakdown is a natural, almost certain, solution. This position supports the construct of the “relationship breakdown” repertoire, as it posits going to couple therapy as ipso facto evidence of relationship problems.

Wendy also draws on the “relationship breakdown” repertoire in the form of a metaphor. When talking about her reasoning for entering couple therapy, Wendy states:

We did have some issues dealing with certain things (.) well with intimacy, that just were not (.) we just weren't cooking. You know. We really liked and respected each other and really enjoyed being with each other, but when it came to some issues around intimacy, things just weren't working.

Wendy uses the metaphor of she and her partner “not cooking” when presenting the issues the two of them were having regarding intimacy, indicating difficulties finding common ground or agreeing on this aspect of their relationship. Following her metaphor, she clarifies that “things just weren't working,” highlighting the fact that the couple was going to therapy because they were experiencing problems.

Within interpretative repertoires, contradictions can result in two possibilities: either the contradiction invalidates the repertoire in question and it is discarded, or the contradiction results

in a deeper understanding of the workings of the repertoire. In one of the interviews, no reference is made to relationship breakdown as being related to attending couple therapy, indicating that this interpretative repertoire is not drawn upon in constructing the experiences of couple therapy. In general, the participant in this interview clearly positions herself differently regarding the therapy than did the participants in the other interviews. Rather than positioning herself as having a relationship problem and going to couple therapy in an effort to address this problem, she positions herself as wanting to learn about relationships in general, as wanting to understand why her relationship had ended, and perhaps even as wanting to re-establish the relationship. Further, her discourse does not indicate the presence of a problem and going to therapy was not discussed as happening in an effort to address relationship difficulties. The circumstances of the therapy were also different from those of the other participants. This participant had attended one joint session with her partner, one and a half years after the relationship had ended. In addition, the partner had attended one joint session with a psychiatrist whom the research participant had been seeing individually. Although this participant labels these therapy experiences as couple therapy, it would be reasonable to assume that they likely were quite different from therapy involving a couple who is in a current relationship and seeking a therapist for the distinct purpose of couple therapy, as was the case with the remaining participants. The fact that this participant does not use discourse drawn from the “relationship breakdown” interpretative repertoire supports the repertoire as one that people draw upon when constructing the experience of couple therapy specifically, as opposed to one people draw upon when constructing the experience of any form of joint therapy experience.

The “Commitment” Repertoire. The second interpretative repertoire constructed from the data was that going to couple therapy indicates a level of commitment to the relationship.

This repertoire positions the act of going to couple therapy as implicating that the couple in question is committed to making their relationship work.

Couple therapy as indicative of commitment to remain in and restore the relationship was a common position taken when participants were asked what going to couple therapy meant for them. For example, Barb states: “It meant that we were committed to staying together and that we were going to try to fix it, if you want to call it that, make it work.” Here, Barb constructs the act of going to couple therapy as a sign that she and her husband were committed to remaining in their relationship and to “fix”[ing] or restoring the functioning of the relationship. Her use of “we” suggests that she frames participation in couple therapy as indicating a commitment from herself as well as her husband. The notion of the “relationship breakdown” repertoire is also drawn upon in Barb’s reference to couple therapy as a way to “fix” a broken relationship.

Similar to Barb, Wendy draws on the commitment repertoire when asked what the idea of seeking couple therapy meant for her. She states:

Well, I guess it meant for me that we were really serious about trying to work through things as a couple, and the fact that Kenny would even agree to go, I think was, you know, meant that he was showing that too, that he was willing to kind of adapt and look at changing some things.

Here, Wendy refers to seeking couple therapy as indicating commitment to solving the problems together, as working as a team. Like Barb, Wendy also infers commitment from her husband based on his agreement to attend couple therapy. Her use of the phrase “would even agree to go” suggests that one cannot readily assume one’s partner will agree to go to couple therapy. Based on her husband’s agreement to attend couple therapy, she also makes the assumption that he would be willing to adapt and change. In drawing from the assumptions of the commitment

repertoire, Wendy constructs the seeking of couple therapy as an indication that she and her husband were serious and committed to remaining in the relationship.

Going to couple therapy is also associated with positive expectations regarding the future of the relationship as a result of the assumed commitment. For example, when asked what it meant for him to be seeking couple therapy, Brian says:

The first thing that came to my mind is that there is hope. You know what I mean? As in, that we know that we are in trouble but we want to make sure that it works so we are going to get help to make it work.

Brian associates going to couple therapy with hope regarding the future of the relationship. For him, the hope stems from the idea of knowing that the relationship is in trouble and wanting to resolve the problems together. Brian uses the pronoun “we” several times, indicating that he sees the relationship problems as belonging to both of them and that going to couple therapy means working together as a couple to resolve these problems. Regarding his feelings as he and his wife are getting ready to enter the first couple therapy session, Brian also states:

It was exciting. You are hopeful because you know you are both at the point where, you know, we know something is wrong. We have to fix it. For two of them [therapists] it was: ‘We know something is wrong. We have to fix it. Okay, so let’s work together and try and fix this.’ So that was, you know, so you are hopefully optimistic, I guess, is a good way of saying it, going there.

Again, Brian associates positive feeling of hopefulness, optimism, and excitement with the idea that going to couple therapy showed commitment from both himself and his wife to work jointly at restoring and remaining in their relationship. Brian constructs entering couple therapy as indicating a shared knowledge between him and his wife regarding the state of the relationship,

and an agreement between him and his wife to work together on solving the jointly identified problems. This shared knowledge of commitment is associated, in turn, with feelings of excitement and hope at the start of the therapy process.

The commitment associated with going to couple therapy is also seen as instrumental in creating a turning point in the relationship. When asked about the effect the couple therapy had on the way he sees his relationship, Brian states:

So I guess with the therapy, you knew there was a problem and you are going along and it is like: ‘Wow, this sucks. This sucks.’ But then it is like: ‘Okay, we are going to therapy, so we are going to try to make it better.’ So that is uplifting, you know, to – I guess I can’t think of any other way to say it – but that is uplifting, because then you are thinking: ‘Well now there is light at the end of the tunnel. Maybe we will be able to fix it.’

Here, Brian constructs the way he experienced his relationship before going to couple therapy in negative terms (i.e., “Wow, this sucks. This sucks”). In the phrase: “Okay, we are going to therapy, *so* we are going to try to make it better,” he frames the decision to go to couple therapy as being indicative of a level of commitment to attempting to restore the relationship. Brian then notes that experiencing this commitment results in feeling “uplifted.” The term “uplifting” suggests hope and optimism. Brian then uses the metaphor of “light at the end of the tunnel” to describe the hope he constructed from going to couple therapy and the commitment this action showed toward restoring the relationship. In using this metaphor, Brian implicitly compares the negative times in his relationship to being in a dark tunnel, and the couple therapy as resulting in a newfound belief that better times are to come, as light could then be seen at the end of this

tunnel of darkness. By drawing on the commitment repertoire, couple therapy is constructed as creating a turning point from negative to positive times in the relationship.

The commitment repertoire is not only used when people want to construct meaning from their own relationship or therapy experience; it is also drawn upon as a way to influence the meaning others will construct about one's intentions within a relationship. That is, because participating in couple therapy is associated with being committed to one's relationship (as suggested by the commitment repertoire), for some participants couple therapy was attended in an effort to ensure that their family and friends would perceive them as being committed to their relationship, even if this was not actually the case. In other words, they went to couple therapy because doing so showed that they had tried to make the relationship work. For example, about his hopes and wishes for going into couple therapy, Paul says:

To be honest, I think at that point, when we decided to go to therapy, things were probably already done, and it was kind of like, well, we didn't try this so we should try this and that way anybody asking us about our relationship is going to say: 'Well, at least they tried,' but I think at that point it was already done.

Although Paul positions himself as not believing that couple therapy would save his relationship, he constructs the effort of going to therapy as having the potential to show others that he and his wife were committed to trying to salvage their relationship; even if it did not work out, "at least they tried." Paul's stated desire to appear committed suggests a concern that others might judge him and his partner as not having tried hard enough to solve the problems in the relationship.

For Susan, it was not she who wanted to appear committed to her relationship by attending couple therapy; rather, she believes her ex-partner had this intention when he agreed to

participate in couple therapy. When discussing her constructions of her ex-partner's agenda for attending couple therapy, Susan states:

As I said, now I know he just wanted to be able to say on paper: 'Yes, we went to one session and it went nowhere.' He had no intention of coming back and continuing. That I figured out in the end.

Susan draws on the commitment repertoire in two different ways while discussing her ex-partner's intentions. First, she constructs his intentions for attending couple therapy as being merely to ensure that others would construct his behaviour as indicative of commitment. However, because he attended only one session and Susan did not believe he intended to participate in more, she construes his behaviour as showing a lack of commitment to restore the relationship. In other words, because she constructs him as not really intending to fully participate in couple therapy, she questions his commitment to the relationship.

For some, pleasing others by participating in couple therapy and thereby demonstrating commitment to restoring the relationship plays a role in the decision to go to couple therapy. For example, Christine states: "I think we both felt like we had to do it in order to make everybody happy, but I wouldn't have been happy with myself if we hadn't have tried." Christine uses the term "had to" as a way of communicating pressure from others to participate in couple therapy in order to meet their expectations or "make everybody happy." However, she then notes that she would have been disappointed in herself if she had not attended couple therapy, indicating expectations of showing commitment from herself as well. Here she uses the phrase, "if we hadn't have tried," referring to attending couple therapy as representing an effort toward restoring the relationship. Her discourse suggests that the commitment to the relationship was assumed by the action of attending couple therapy and that the outcome of the therapy did not

diminish the commitment perceived from having attended couple therapy in the first place. In other words, the assumptions of the commitment repertoire play a role in the decision to enter couple therapy, both in terms of Christine's own constructions of being committed to the relationship by attempting to restore it, but also in terms of her constructions about others' expectations of her and her partner's commitment to restoring the relationship.

The commitment repertoire is also invoked in participants' talk about accepting their decision to end the relationship. When the relationship problems remain after the therapy has ended, having attended couple therapy serves to allow people to construct themselves as having put in sufficient effort to justify ending their relationships. When asked whether attending couple therapy had an impact on the way she saw her relationship, Christine says:

I think it did in the fact that we, in the end, we thought we had did what we could to try to get our relationship to work. It is not like we just bolted at the first sign of distress. I mean, we tried. We went to counselling.

For Christine, by going to couple therapy, she and her partner had demonstrated commitment because they had "done what they could to get their relationship to work." She expressed a desire to show that they had made an effort and had not ended the relationship prematurely. Her last statement, "...we tried. We went to counselling," suggests that their going to couple therapy is proof that she and her husband showed commitment. Her use of the metaphor of "bolting at the first sign of distress" suggests a view that ending a relationship without having participated in couple therapy, and thereby not demonstrating commitment to restoring the relationship, can be construed as an inability to tolerate distress and as prematurely abandoning the relationship. Christine's attempt to establish that this metaphor is not descriptive of her relationship suggests a distancing of herself from what appears to be a negatively construed behaviour. Her discourse

also suggests that by attending couple therapy, and thereby demonstrating commitment to restoring the relationship, she was justified in ending the relationship when the relationship failed in spite of the commitment she and her partner demonstrated. The importance of demonstrating this commitment suggests a value placed on ensuring sufficient effort was put into the relationship before ending it, as well as demonstrating that such effort was exercised.

Drawing on the commitment repertoire is also a way to construct the decision to end a relationship as easier and less likely to be objected to by others. By having attended couple therapy and thereby having shown commitment and effort to restore the relationship, the reactions from others when the relationship ended are constructed as being more favourable. Regarding the role couple therapy played in ending her relationship, Christine states:

Once our families knew about that [couple therapy], it was almost like it was easier when the time actually did come because none of them could look at us and say: ‘Well,’ like they did the first time we did split up, like: ‘You can’t just quit. You have got to try.’ And they never said that the second time because they did know that we did what we could.

In this extract, Christine employs the reported speech of her family members to construct a factual version of events with respect to the first breakdown of her relationship. The “tone” of these quotes – short, declarative demands -- suggests that she positions her family as criticizing her, i.e., judging her action of ending the relationship as “quitting” without trying. As she constructs herself and her ex-partner as not experiencing such criticism when ending the relationship after having attended couple therapy, she deduces that her family had drawn on the commitment repertoire and construed from the attending of couple therapy that she and her ex-partner had indeed made a commitment to trying before ending it. So, again, attending couple therapy is constructed as evidence of showing commitment to a relationship.

The commitment repertoire is also used in hindsight to help construct rationales for the decision to attend couple therapy. For example, when asked what he had wished to get out of participating in couple therapy, Paul states:

Good question. I guess my thought is, it was more for my son's sake than anything, in that trying to keep this family together and have parents that were together, and so I was probably, in the back of my mind, doing it for him; but again, I think it was, the relationship itself, was already over, and it was just going through the motions.

The phrase "I guess my thought is..." suggests that what follows is an attempt at deducing with hindsight the reason for attending couple therapy. Paul uses the commitment repertoire when constructing his hindsight explanation for going to couple therapy, in that he describes it as an attempt at keeping the family together for the sake of his child, referring to the notion within the commitment repertoire that couple therapy is something people engage in when they want to remain in and work to repair their relationship. However, later in the excerpt, Paul constructs the relationship as having been over at the time he went to couple therapy, suggesting a lack of actual commitment to restore the relationship. So, on the one hand, Paul positions himself as not being committed to the relationship by the time he and his partner attended couple therapy; however, on the other hand, as he is making sense of the decision to engage in couple therapy in hindsight, he draws on the commitment repertoire and frames himself as having been committed to restoring the relationship for the sake of his son's wellbeing. He added that the couple therapy was part of "going through the motions," which, on the one hand, suggests a lack of commitment to the activity but, on the other hand, indicates that he construes attending couple therapy as a way of ending a relationship, which is consistent with the "relationship breakdown" repertoire.

Discussion

Although couple therapy has existed for decades, a level of resistance to this avenue of intervention remains for many couples. In this study, I argue that an understanding of the meaning people construct about the act of seeking and engaging in couple therapy can be helpful in developing a better understanding of the reluctance often expressed about utilizing this treatment approach. As such, the goal of this study was to gain a better understanding of the meaning people construct about seeking couple therapy.

Through the use of discourse analysis, two interpretative repertoires were constructed from the data: the “relationship breakdown” repertoire and the “commitment” repertoire. The two interpretative repertoires are reciprocally interrelated and each occurs under the prerequisite assumption of the other. In other words, couples attend couple therapy when their relationship is in disrepair *and* they are committed to their relationship, or they wish to appear as though they are committed. Similarly, it can be said that if a relationship is broken and the partners are committed to the relationship and to resolving the problems, they engage in couple therapy. According to the “relationship breakdown” repertoire, the partners would not attend couple therapy if they were not experiencing relationship problems, and they would not attend couple therapy if they were not committed to remaining (or appearing to remain) in the relationship and to resolving (or appearing to resolve) these problems.

The “Relationship Breakdown” Repertoire

The “relationship breakdown” repertoire is based on the premise that couple therapy is something couples engage in when their relationship is “broken” or something is “wrong” in order to “fix” or “repair” the damaged relationship. The “relationship breakdown” repertoire works both ways; that is, if a relationship is broken, the relationship repertoire dictates that the

appropriate solution is to attend couple therapy. Similarly, the “relationship breakdown” repertoire also suggests that if a couple is attending couple therapy, one can deduce that their relationship is broken. Consistent with this repertoire, participants in Sharpley, et. al.’s (1984) study identified expected benefits of marriage counselling to include, among other things, helping to solve problems and saving marriages. Further, the presence of a “problem” in relationships of couples who seek couple therapy is fundamental to certain couple therapy modalities, including, for example, behavioural couple therapy and solution focused couple therapy (e.g., Freedman, 2008; White, 2007), suggesting that the “relationship breakdown” repertoire is broadly accepted and drawn upon by professionals who conduct couple therapy, couple therapy researchers, and laypeople, as evident in the present analysis.

According to this repertoire, the degree of brokenness of the relationship can also be deduced by a couple’s attending couple therapy because this form of therapy is thought about as a solution to serious or complex rather than minor or simple relationship problems. This finding is consistent with existing literature in the area of help-seeking behaviours, which has suggested that people’s perceptions of the severity of their problems influence their decision to seek counselling services (Doss, Atkins, & Christensen, 2003; Goodman, Sewell, & Jampol, 1984), as they are more likely to seek help when experiencing intense problems rather than general distress (Norcross & Prochaska, 1986). Considering Komiya, Good, and Sherrod’s (2000) finding suggesting that lower severity of psychological distress was associated with more negative attitudes about psychological help-seeking, it is possible that such negative attitudes reflect a lack of desire to enter therapy simply because the problem is not constructed as severe enough to warrant such intervention, as per the “relationship breakdown” repertoire, rather than a reluctance to enter therapy in general. Perhaps associated with the perceived severity of the

relationship problems of couples who engage in couple therapy, the “relationship breakdown” repertoire also associates attending couple therapy with the potential for undesirable relationship outcomes, such as relationship dissolution. This concern is supported in the literature on divorce, as divorce is typically associated with severe as opposed to more trivial relationship problems (e.g., Rokach, Cohen, & Dreman, 2004).

In addition to undesirable relationship outcomes, couple therapy in general was associated with shame and feelings of failure and inadequacy in the “relationship breakdown” repertoire. It is possible that this association plays a role in the reluctance to seek couple therapy observed in the literature (e.g., Andrews, et. al., 2001; Vogel, et. al., 2005). In the sample in the present study, participants typically did not talk overtly about feeling ashamed or experiencing feelings of inadequacy or failure; however, these emotion terms were interspersed in the accounts they produced when talking about entering couple therapy. Considering the negative implications of this part of the discursive repertoire, perhaps the reluctance to engage in couple therapy found in the literature is not surprising.

Evidence suggests that the “relationship breakdown” repertoire might have its cultural roots in the era of the early conceptions of couple therapy as a therapeutic intervention. In his discussion of communication theory, White (2009) discussed the tendency during the pre World War II era of mechanical technology to extend mechanical principles to human beings, with the assumption that humans would respond to these principles. As such, an assumption prevailed that, like any other machine, whatever was broken on the sophisticated human machine could be found and fixed. White also described a paradigm shift to the era of information technology that took place post World War II, which emphasized information and communication. White noted a move during this era toward constructing human difficulties, and particularly those involving

couple relationships, as being the outcome of communication problems. As such, more functional communication was believed to be the resolution to relationship problems, and “relationship counsellors became ‘technicians’ in the repair and restoration of communication (p. 201).” Each of the paradigms described by White fit with the premise of the “relationship breakdown” repertoire in terms of how relationship difficulties and couple therapy are construed, suggesting the possibility that this discursive repertoire has developed from the early beginnings of couple therapy as an intervention for relationship problems.

The four techniques proposed by Potter and Wetherell (1987), i.e., coherence, participants’ orientation, new problems, and fruitfulness, were used to evaluate the validity of the discourse analysis in the present study. Coherence was considered in the “relationship breakdown” repertoire by the presence of an apparently contradictory case (not included in the present analysis). In this case, the participant did not draw upon the repertoire in question; however, upon further analysis, it was determined that the therapy in which this participant had been involved was significantly different from that in which the remaining participants had been involved. The lack of use of the “relationship breakdown” repertoire by this participant suggested that this repertoire might be uniquely drawn upon in discourse about couple therapy as opposed to discourse about other forms of therapy that might be attended by a couple. Participants’ orientation was also considered in the “relationship breakdown” repertoire in that the participants in the present study were construed as orienting to the premise of the repertoire in their tendency to associate engaging in couple therapy with failure and shame, as these notions are commonly associated with experiencing problems and constructing something as broken in our culture. When considering the validity of the “relationship breakdown” repertoire, the third validity criterion proposed by Potter and Wetherell (1987), new problems, can be construed as

the issue of reluctance to seek couple therapy discussed in the couple therapy literature, which might be associated with the shame and failure to which participants alluded. Finally, the criterion of fruitfulness is fulfilled in that the results of the present analysis provide one way to understand the underutilization of couple therapy.

The “Commitment” Repertoire

The premise of the second interpretative repertoire constructed from the data in this study, i.e., the commitment repertoire, is that going to couple therapy indicates that the partners are committed to remaining in and attempting to restore their relationship, or at least to be seen to be committed to doing so. One way to understand this repertoire is through the literature on self-efficacy. According to this literature, people are more likely to construe a problem as a challenge to be conquered rather than a threat to be endured if they construe themselves as capable of overcoming the problem in question (Roddenberry & Renk, 2010). Understanding the commitment repertoire in these terms, people might be more likely to construe themselves as committed to resolving their relationship problems and remaining in their relationships if they see themselves as capable of overcoming their relationship difficulties.

The commitment repertoire was drawn upon, in particular, when participants were talking and drawing conclusions about their partner’s commitment; that is, the partner’s willingness to attend couple therapy was seen as proof of his or her commitment to the relationship. Given the finding in the help-seeking literature that one of the most common reasons why couples do not seek couple therapy is that one of the partners was unwilling (Doss, Atkins, & Christensen, 2003), it is perhaps not surprising that participants in this study constructed agreement to engage in couple therapy as a sign of commitment.

In addition, when drawing on the commitment repertoire, people used discourse about attending couple therapy that was characterized by positive expectations regarding the future of the relationship and optimism about their ability to resolve their relationship difficulties. This optimistic frame is consistent with the assumption of a desire to remain in the relationship and with the perceived commitment to resolve existing problems that is part of the commitment repertoire.

Participants drew on the commitment repertoire not only when constructing their own meaning of couple therapy; they also relied on others to draw on this repertoire when constructing meaning about the participants' commitment to their relationships. That is, some participants talked of attending couple therapy in order to portray to others that they were committed to their relationships, whether they were actually committed or not. This strategy was presented as being used to gain approval or acceptance from others, to show that sufficient effort had been sustained in attempting to repair the relationship so that ending the relationship would not be negatively judged or stigmatized. Similarly, participants used the commitment repertoire to argue, after their relationship had ended, that they had made an effort to restore the relationship. In turn, doing so allowed them to claim that they felt better about their decision to end their relationship. As was the case with the "relationship breakdown" repertoire, participants in this study drew on the commitment repertoire when constructing meaning about the role couple therapy played in the dissolution of their relationships. Their discourse suggests that shame and stigma are attached to relationship dissolution and that steps must be taken to diminish or avoid the negative evaluations from oneself and from others about the decision to end a relationship.

When considering the four validity criteria with respect to the “commitment” repertoire, coherence was evident in a rather circuitous manner. Inconsistency initially appeared evident in that not all participants seemed to construe themselves or their partners as committed to remaining in the relationship and resolving the problems. However, upon further analysis, a deeper understanding of the repertoire developed as the notion of participants constructing themselves as wanting to be perceived by others as being committed to resolving their relationship issues was constructed. This nuanced understanding strengthened the coherence of this repertoire by suggesting that participants not only relied on it, but also expected those around them to rely on this repertoire. The fact that participants oriented themselves to the inconsistency regarding the “commitment” repertoire further supports the validity of this repertoire as it is evidence of the quality criterion of participants’ orientation as proposed by Potter and Wetherell (1987). In terms of the new problem criterion, the idea of people relying on others to draw on the “commitment” repertoire when making sense of their participation in couple therapy, even when they themselves are not actually committed to remaining in and resolving their relationship problems, was generally discussed as a problem by research participants, particularly when they construed their partners as having attended couple therapy for this reason. Finally, related to the fruitfulness criterion, the “commitment” repertoire adds to the understanding of how people construct intentions associated with attending couple therapy, both their own as well as those of others.

As seen above, the two interpretative repertoires constructed in this study help us understand how the participants in this study justified their decisions to enter couple therapy. These repertoires also provide elements from which an understanding can be constructed about reluctance to seek couple therapy. Considering the premises of the “relationship breakdown”

repertoire, people who do not believe they have any relationship problems may be unlikely to seek couple therapy. In addition, people who do not want others to draw conclusions about the presence of potentially serious relationship problems, or who do not want to accept the presence or potential implications of such problems themselves, may be reluctant to agree to participate in couple therapy. As such, concerns regarding embarrassment, shame, and feelings of failure and inadequacy may be important aspects to consider in the under utilization of couple therapy observed in the literature. The “commitment” repertoire can also help construct understandings about people’s unwillingness to engage in couple therapy: People who are not committed to their relationships are unlikely to want to participate in couple therapy, and conversely, people who are unwilling to participate in couple therapy may be so because they are not committed to their relationships. On the other hand, the “commitment” repertoire might also help us understand why some people choose to participate in couple therapy even though they are no longer interested in remaining in the relationship. That is, this repertoire is relied upon as a way to ensure that others (e.g., family and friends) construe one as being committed to the relationship through the act of participating in couple therapy, even if this commitment is not actually present.

Although the substance of these repertoires is not particularly novel, the findings of this study bring together points from the literature in couple therapy by suggesting that the way the phenomenon of couple therapy is conceptualized in the scientific research community is consistent with the way the phenomenon is construed by people outside the research community. When conducting research in general, and perhaps particularly when conducting clinical research, it is important to consider to what extent research findings are consistent with the accounts of people in the real world. Therefore, research findings like those in the present study

are important as they serve to verify that what researchers have been presenting in the literature is consistent with what people who have participated in couple therapy have to say.

It should be noted that there are some limitations to the present study. For example, the analysis was conducted with the identified research question in mind. As such, excerpts from the data were extracted based on their constructed relevance to this question. It is possible that another researcher might have selected different excerpts based on the interviewees' constructions of the research question or of the content of the excerpts. It is also possible that other interpretative repertoires could be constructed from the data and that such repertoires could interact in various ways with the "relationship breakdown" repertoire and/or the commitment repertoire. However, given the focus of the present study, other possible interpretative repertoires were not considered to be within the scope of the present analysis.

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Chapter 4: Constructing a Positive Experience in Couple Therapy

Overview

A significant amount of research has been devoted to the field of couple therapy over the past few decades. However, compared to the effort that has gone into developing this therapy approach, a great deal less focus has been devoted to learning about what specific factors and conditions are necessary for generating change and positive outcomes. Even less is known about what persons who participate in couple therapy construct as important for ensuring positive experiences in this form of therapy and what they construct as influencing their decision to remain in therapy or to choose to end therapy after only few sessions.

Literature Review

Understanding clients' constructions of the process of couple therapy is a growing area of research. A focus of this literature has been on couples' constructions of what is important or helpful in the therapy process. Many of the helpful and unhelpful aspects of couple therapy centre around two broad categories: the role of the therapist and the context or atmosphere that couple therapy offers (e.g., Estrada & Holmes, 1999; Rautiainen & Seikkula, 2009).

The Role of the Therapist

Research participants often highlight features of the therapeutic relationship and the specific actions and approaches of therapists as forming the basis for both the helpful and unhelpful aspects of couple therapy. The therapeutic relationship or therapeutic alliance as it is also commonly referred to has been defined in various ways over time, in terms of its nature and function (Horvath, 2006). A common focus is the relationship between the client and the therapist and how this relationship or alliance facilitates the therapeutic process. Some aspects of couple therapy appear to be consistently found to contribute to a positive therapy experience.

Various aspects of the therapeutic alliance have been found to be associated with the way clients experience their couple therapy (Bischoff & McBride's, 1996; Bowman & Fine, 2000; Estrada & Holmes, 1999; Rautiainen & Seikkula, 2009; Woolley, Butler, & Wampler, 2000). For example, Bowman and Fine (2000) used a qualitative, discovery-oriented methodology to investigate what clients perceive as helpful and unhelpful about their couple therapy experiences. Among the themes identified in their study, a trusting therapeutic relationship was identified as a helpful aspect of couple therapy. The importance of the therapeutic relationship was also central in the results of Bischoff and McBride's (1996) study, in which they investigated perceptions of helpful and unhelpful aspects of marriage and family therapy. One of the three thematic categories that resulted from their qualitative analysis of what clients construed as important aspects of marriage and family therapy was "therapist empathy and other ingredients of good therapy." This category was described as encompassing therapeutic relationship skills such as empathy, warmth, and understanding. Captured in this category was the notion of wanting the therapist to show genuine interest in clients, their lives, and their therapeutic process. Likewise, results from Rautiainen and Seikkula's (2009) study using grounded theory to analyze interviews with 25 couples who had completed couple therapy for depression also showed the therapeutic relationship as important in determining what was helpful and not helpful in couple therapy. Results from this study show that the therapists' way of relating and aspects of the therapists' qualities, such as their professional skills, were identified by participants as being helpful to the therapy process, while participants identified the experience of client-therapist collaboration as not working as being unhelpful to the therapy process. Overall, the results of these studies suggest that features of the therapeutic relationship have been found to play an important role in clients' constructions of what constitutes helpful and unhelpful aspects of couple therapy.

Apart from the link between the therapeutic relationship and clients' experiences of couple therapy, there is great a great deal of variance in the literature in terms of what other aspects of the therapist's role are considered to be helpful versus unhelpful. One area of variance is the level of directiveness of the therapist. For example, in Bowman and Fine's (2000) study, a non-directive therapist approach was perceived by clients to be helpful. On the other hand, results of Bischoff and McBride's (1996) study identified a hierarchy within the therapist-client relationship to be helpful. The hierarchy was described as consisting of participants' reports of a clear sense of power differential in the therapeutic relationship and of their tendency to rely on the expertise of the therapist to determine the agenda, direction, and topics of therapy sessions. In Woolley, Butler, and Wampler's (2000) study using three different research methodologies (grounded theory, change events analysis, and experimental manipulation) to examine the change process of couple and family therapy, the use of directive interventions was also identified by participants as important for generating change in couple therapy. The variance in preference for a directive or non-directive therapist was evident within the results of a single study as well (Wark, 1994). Wark interviewed five couples immediately after therapy sessions. Participants were asked to describe critical incidents, or positive and negative events of therapy sessions, and to explain how these events were related to change or lack of change in terms of the concerns the couples had brought to therapy. Of the six categories constructed from data focused on critical incidents of positive therapeutic change, one category included a non-directive therapist approach and one a directive therapist approach. The variance in these four studies regarding whether therapist directiveness is considered a helpful or an unhelpful aspect of couple therapy make it difficult to draw any specific conclusions about how this aspect of couple therapy contributes to a positive therapy experience.

A similar variance can be observed in the findings regarding what therapist actions are considered helpful versus unhelpful by clients in couple therapy. However, in the case of therapist actions, the variance observed in the literature has to do with the fact that the findings in each study appear to identify different therapist actions; further, there appears to be little consistency or similarity between studies in terms of what therapist actions are constructed as helpful or unhelpful. For example, in Bowman and Fine's (2000) study, equal treatment of both partners and unequal treatment of both partners were identified as helpful and unhelpful therapy aspects, respectively, while participants in Estrada and Holmes's (1999) study identified the therapist as an objective third party as an effective ingredient of couple therapy. However, in none of the other studies investigating clients' constructions of helpful and unhelpful aspects of couple therapy was objectivity of the therapist highlighted as being of significant importance. Likewise, the findings from two other studies are focused upon homework tasks in terms of how they are constructed by clients in couple therapy. For example, in Bischoff and McBride's (1996) study, homework tasks were identified as being helpful and done by clients, potentially helpful but not done, or not helpful and not done, while Wark's (1994) results identified the issue of therapists failing to address homework assignments from the previous session as a negative aspect of couple therapy. As was the case with the results related to therapist objectivity, the findings in the area of homework in these studies are not consistent and do not contribute to the drawing of any overall single conclusion. In addition to the above mentioned aspects of couple therapy, individual studies have tended to identify various idiosyncratic aspects of the couple therapy experience as being either helpful or unhelpful – e.g., the therapist maintaining sessions focused on core issues (Bowman & Fine, 2000), the therapist increasing awareness of personal patterns and providing a safe environment (Estrada & Holmes, 1999), and alternative

perspectives offered by the therapist (Wark, 1994); however, as each of these aspects are not mentioned in more than one study, their utility in developing an understanding of clients' constructions of what constitutes a positive couple therapy experience is limited.

The Role of the Therapy Context

The results of the studies discussed above highlight the central role clients construct the therapist as playing in terms of the process of couple therapy. Research on the process of couple therapy suggests that another aspect of couple therapy often constructed by clients as important is the atmosphere or context that couple therapy offers. However, whereas there were some commonalities between the findings highlighting the importance of the role of the therapist to the couple therapy experience, no obvious similarities are observed between the helpful and unhelpful aspects related to the context of couple therapy identified in these studies. That is, the findings of each study varied in terms of what participants identified as helpful and unhelpful aspects of their couple therapy experience – e.g., feelings of safety in the therapy sessions and the therapy context as a special time to focus on the relationship (Bowman & Fine, 2000); the structure therapy provided as an effective ingredient, and wasting time and being unfocused as ineffective ingredients (Estrada & Holmes, 1999); and participation of the spouse and talking in therapy were seen as helpful parts of therapy (Rautiainen & Seikkula, 2009). Again, due to the idiosyncratic nature of the results of these studies, they do not facilitate the generation of overarching patterns to help understand what couples construct as a positive couple therapy experience.

Couple Therapy: An Individual Experience

As indicated by the variability in the results from the above-described studies on the process of couple therapy, what is construed as important for this process might be unique to the

person experiencing it. In a study investigating what couples viewed as pivotal moments for change during therapy, Helmeke and Sprenkle (2000) analyzed transcripts of therapy sessions and post-session questionnaires and interviews using grounded theory. During the 23 therapy sessions that were analyzed, 24 pivotal moments were identified by the three participating couples. The findings of this study suggested that moments thought to be of significance to change in the therapy process were highly individualized. Accordingly, there was little concurrence between spouses' identified pivotal moments; in addition, the locus of change associated with a pivotal moment tended to be within the partner who identified it. Even when there was concurrence, the spouses generated different explanations as to why a particular moment was pivotal for them. Generally, the changes that occurred were constructed as intra-personal rather than interpersonal. That is, the changes were understood as happening within the person, and not in the relationship as a whole. Another finding of this study was that pivotal moments tended to occur during repeated discussions of the presenting problem. Finally, participants identified a number of non-pivotal factors that varied between couples as being necessary requirements for the pivotal moments to occur. When trying to understand what couples construct as important to their couple therapy experience, it is crucial, then, to remember that it is often framed as a highly individual and subjective experience.

As shown in the literature reviewed above, several researchers have investigated what people construe as helpful and unhelpful aspects of couple therapy. In this research, the tendency has been to categorize participants' responses according to overarching themes. However, missing in the research is a focus on more general patterns that draw together the so-called individual or subjective experiences of the participants in the studies. As such, there is a need for

further research to investigate the presence of general patterns in order to generate a broader knowledge of how people construct what enables a positive couple therapy experience.

Considering the variability in what people construe as important in couple therapy, one might wonder: What do couples do if they perceive their therapy experience as lacking the ingredients they construe as necessary for a positive experience? Bischoff and Sprenkle (1993) speculated that many clients likely drop out of therapy because it does not meet their needs in some way, and they hypothesized that dropout rates likely decrease as treatment becomes more acceptable to clients and better meets their needs, which is consistent with research on acceptability of treatment (Calvert & Johnston, 1990). Certainly, it would seem obvious to assume that a couple might decide to discontinue therapy if there is something about the therapy process or the approach of the therapist that the participants construe as undesirable or as hindering their therapeutic pursuit.

Premature Termination

The issue of premature termination in therapy has been the source of a great deal of research (e.g., Sharf, Primavera, & Diener, 2010). One of the challenges in the literature on premature termination is that different researchers define the concept in different ways. For example, some researchers have defined it as dropping out before having attended a specified number of sessions (e.g., Allgood & Crane, 1991), while others define it as dropping out before the clients have fulfilled their therapeutic goals (e.g., Edlund, et. al., 2002). Premature termination is a source of frustration for therapists and researchers alike due to the costs in time and money, and the potentially negative feelings on the part of the therapists involved (Bischoff & Sprenkle, 1993). The vast majority of the literature on premature termination has been carried out in individual therapy contexts using quantitative research methodologies. In general, the

literature in this area shows that it is a common occurrence in outpatient individual therapy where 30-60% of clients drop out of therapy (e.g., Edlund, 2002).

Research on premature termination in family and couple therapy is slowly increasing. In general, consistent differences have not been found in dropout rates among different therapy modalities. For example, Werner-Wilson and Winter (2010) found higher dropout rates in couples therapy (52.6%) compared to individual (22.4%) and family (16.1%) therapy, while Stanton and Shadish (1997) found couple and family therapy treatment to have lower dropout rates compared to other modalities in their meta-analysis of drug abuse outcome studies (overall dropout percentages not reported). Wierzbicki and Pekarik's (1993) meta-analysis of 125 studies of treatment dropout found no significant difference in dropout rates between individual therapy (mean dropout rate 47.49%) and couple, group, and family therapy (mean dropout rate for group/family/couple therapy 45.66%). Likewise, Masi, Miller, and Olson (2003) studied 463 cases of individual, couple, and family therapy and found no significant difference in the dropout rates among the different therapy modalities (dropout rates of 24%, 25.4%, and 17.1% for individual, couple, and family therapy, respectively).

According to Bischoff and Spreckle (1993), the literature on premature termination in family and couple therapy tends to focus on four kinds of variables: client characteristics, therapist characteristics, therapy process variables, and interventions. Clients' socioeconomic status has been found to be the most consistent variable associated with therapy dropout in individual and family therapy (e.g., Bischoff & Sprenkle 1993), with lower socioeconomic status being related to higher dropout rate. Other client characteristics associated with dropping out of therapy include marital status, occupation, income, and previous experience with therapy (Werner-Wilson & Winter, 2010). Allgood and Crane (1991) investigated premature termination

in marital therapy and found that having fewer than two children and having a presenting problem that was apparently related only to one spouse were client characteristics that were associated with a higher dropout rate.

Few consistent links have been found between specific therapist variables and premature termination (Bischoff & Sprenkle, 1993; Pekarik, 1992). Researchers have investigated a number of variables, including demographic variables such as sex, race, and experience (e.g., Allgood & Crane, 1991), and therapist behaviours such as “structuring skills,” “joining skills,” and “activity/inactivity” of the therapist (e.g., Bischoff & Sprenkle, 1993). Given the lack of qualitative research in this area, the therapist variables chosen for inclusion in studies tend to be researcher generated rather than developed as a result of client responses. Further, different researchers have tended to include different variables in their studies and results across studies have tended to be inconsistent.

The therapeutic relationship is a variable that has received a great deal of attention in terms of its relation to premature termination. Raytek, McCrady, Epstein, and Hirsch (1999) found that the strength of the therapeutic alliance and therapist competence were related to attrition rate in couple therapy for alcohol abuse, as couples were more likely to remain in treatment when their therapist was competent and the therapeutic alliance was stronger. Pekarik (1992) studied reasons for dropping out of treatment by adults and children and found that reasons could be grouped into three categories: improvement of presenting problem, environmental obstacle to continue treatment, and dissatisfaction with therapy or therapist. In a recent meta-analysis of the literature on dropout and therapeutic alliance in individual therapy, Sharf, Primavera, and Diener (2010) found that a weaker therapeutic alliance was related to a higher rate of dropout. These researchers further found that studies with a higher percentage of

participants with high school education or higher showed a weaker relation between alliance and dropout, and studies with longer treatments showed a stronger relation between alliance and dropout. Based on these results, the authors suggested the possibility that the therapeutic alliance is less important to therapy dropout when clients are more educated, but more important for longer courses of therapy.

In their study of therapeutic alliance and outcome in couple therapy, Knobloch-Fedders, Pinsof, and Mann (2007) measured therapeutic alliance twice, after session one and session eight. They found that, compared to couples who remained in therapy through session eight, couples who terminated therapy early developed weaker therapeutic alliances in session one. Based on these findings, the authors suggested that couples' decision to drop out of therapy was informed by their immediate perception of the therapeutic alliance, which was developed in the first session.

When considering the literature on premature termination of therapy, limited research has been focused specifically on couple therapy. Although some researchers have focused on client dropout in marriage and family therapy, reviews of this literature often do not distinguish between couple and family therapy. Further, when reviewing the literature on dropout in marriage and family therapy, it is evident that the results presented often relate specifically to family therapy and have less relevance to couple therapy (e.g., Bischoff & Sprenkle, 1993). As couple and family therapy differ in many ways, researching premature termination without differentiating between these therapy modalities might be misleading.

In order to better understand clients' decisions to remain in or drop out of couple therapy, the goal of the present study was to examine the discourses they use to construct what they see as necessary components of a positive couple therapy experience. An underlying assumption of this

research is that people make sense of events and phenomena in their social world by drawing on the language or discourse that is available to them based on their experiences within a culturally shared understanding of the social world (McLeod, 2001). That is, by looking at the discourses people use when speaking about social phenomena, we can learn about the way they construct their experiences, about how these constructions are enabled and constrained by existing discourses, and about how constructions of a particular social phenomenon, i.e., couple therapy, are formed from and related to dominant and not-so-dominant societal discourses.

Purpose of the Study

In the present study, the guiding research question was: What discourses do people draw on when constructing what is important for a positive couple therapy experience? Assuming that people are more likely to continue attending couple therapy if they construe the experience as positive, I then argue that exploring the ways in which people use language to construct what they see as necessary for couple therapy to be a positive experience might further our understanding of what is needed for people to remain in couple therapy. Conversely, I argue that learning about what people construe as positive aspects of couple therapy might also help us gain a better understanding of what makes people choose to end their couple therapy experience prematurely.

Method

Epistemology and Methodology

Social constructionism is the epistemological stance taken in this study (Crotty, 1998). Following this epistemology, I assume that all meaningful reality is constructed through social interactions between human beings and their world. Discourse analysis, and specifically interpretative repertoires, is the methodology chosen for the present study (Potter & Wetherell,

1987). Interpretative repertoires are socially and culturally constructed systems of terms and metaphors that are recurrently drawn upon to help make sense of phenomena, events, or actions (Potter & Wetherell, 1987). I determined that interpretative repertoires would serve as an appropriate framework for the analysis of the present study as the aim of the present study was to develop an understanding of the discourses people draw upon when constructing what is important for a positive couple therapy experience.

Data

The data for the present study were gathered from two different sources: interviews and discussion forums. These two sources yield different types of data, as the discourses used in these diverse settings are different. The purpose of using data from these two sources was to ensure variability in the data in order for the analysis to be as rich as possible.

Interviews. One set of data for this study was generated from semi-structured interviews with eight individuals (five females and three males) aged 28 to 59 years who had participated in couple therapy. The participants' experience with couple therapy varied in a number of ways (see Table 1). For example, some participants had been through up to three different courses of couple therapy, while others had participated in couple therapy on one occasion; for some participants, their couple therapy was still on-going at the time of the interview, while other participants' therapy experience had taken place several years ago; therapy courses varied from one session up to an unknown number described as "lots" of sessions; and the context of the participants' therapy experiences varied by therapist training (e.g., psychologist, psychiatrist, and unknown) and by setting (public community clinic versus private practice). Five of the participants were no longer in the relationship within which their couple therapy experience had taken place. Two of the participants' couple therapy experiences took place in the context of a

common-law relationship, while the remaining six were in marriages. The length of the participants' relationships ranged from 2½ years to 21 years, with a mean of 12 years. Two of the participants were a married couple who were interviewed separately.

Table 1

<i>Couple Therapy Experience</i>								
Participant:	1	2	3	4	5	6	7	8
Courses of Therapy:	1	3	1	1	2	2	1	1
Year of Therapy:	2004/ 2009	1996/ 1999/ 2007	2004	Ongoing (2010)	2004/ 2009	2004/ 2009	2004	2008
Sessions per course:	1	3/6/6	4-5	“Lots” over 2 years	5/8	5/8	2	1
Setting:	Private	Private	Private	Private	Public/ Private	Public/ Private	Private	Canadian Forces
Therapist Title**:	Psychiatrist	Psyc*/ Psyc*/ Psyc*	Counsellor	MFT***	Psyc*/ Psyc*	Psyc*/ Psyc*	Un- known	Marriage Counsellor

* *Psyc = Psychologist*

** *Title as reported by participant*

*** *MFT = Marriage and Family Therapist*

Interview participants were recruited via posters (see Appendix A) placed in a number of public locations in Halifax and Kings County in Nova Scotia, Canada, such as waiting rooms of physicians' offices, private therapy/counselling practices, and community mental health clinics; bulletin boards of a post office and a library; and an online bulletin board on the internal network connecting three public health districts (accessible by staff of all three districts) in Nova Scotia, Canada. Some participants reported that they had learned about the research by word of mouth. Interested participants contacted me by telephone or email; I then explained the interview

process, and an interview was arranged. All but two interviews took place in the home of the participants. The remaining two interviews took place at the home of a friend of the participant and at my home, respectively. Each participant was remunerated with \$25 for his/her participation. The anonymity of participants and other identifiable individuals (e.g., therapists) was ensured by using pseudonyms rather than actual names in all extracts.

The style of interviews in this study was informal, conversational, and semi-structured in nature. I had a number of predetermined questions designed to guide the general topic of the interviews (see Appendix B); however, participants were encouraged to answer the questions however they wished and to provide as much or as little detail as desired. Follow-up questions were asked according to the direction each participant went with the questions. The interviews lasted between 45 and 90 minutes. Each of the eight interviews was recorded on a digital recorder and later transcribed into text.

Discussion forums. The discussion forum data were gathered from three discussion forums related to relationships, “LoveShack.org,” (<http://www.loveshack.org>) “HealthBoards.com,” (<http://www.healthboards.com>) and “TalkAboutMarriage.com” (<http://www.talkaboutmarriage.com>). LoveShack.org is described on the website as an interpersonal relationship centre that seeks to promote collaboration, self-discovery, and responsibility and to offer support to people seeking advice. LoveShack.org has a number of community forums related to different types of relationships with topics/issues specific to each. HealthBoards.com offers discussion forums related to a wide variety of health-related topics. Only the “Relationship Health” discussion forum was used for data collection from HealthBoards.com, as the remaining forums were primarily related to health issues unrelated to couple therapy. TalkAboutMarriage.com is a website that offers a number of self-help forums

covering topics related to different aspects of marriage. Only the “Counselling and Professional Help” forum was used for data collection from this website because this forum was the one deemed most likely to include references to couple therapy as determined by my initial review of the various forums.

The data from the discussion forums were gathered at varied intervals from March 2004 to October 2010. At each point of data collection, searches were performed using terms such as “therapist,” “counsellor,” “therapy,” and “counselling,” as well as derivatives of these (e.g., American spelling, common abbreviations used in discussion forums such as “mc” for marriage counsellor). Initially, posts were included if the discourse within the post was related in some way to constructions of couple therapy or counselling or marital therapy or counselling. The resulting collection of posts was then read through the lens of each of the research questions in order to select posts related to each of the questions. A total of 77 posts or comments make up the discussion forum data. The posts come from a total of 55 uniquely identified posters or forum members.

Procedure

The analysis involved a process of repeatedly reading through the data in search of patterns of discourse in the text that were related to the research question. Through the process of reading and re-reading the text, I noted the discourses or repertoires that organized the text as indicated by repetitive use of phrases or the use of metaphors. Variability and differences in the discourse were used to indicate possible differences between repertoires or differing functions which the repertoires might serve. Negative cases and inconsistencies were paid close attention to in order to determine if a revision or abandonment of a repertoire was warranted or if such inconsistencies could result in a deeper understanding of the repertoire in question.

Analysis

The “The Shoe Must Fit” Repertoire

The interpretative repertoire that was constructed with the data in response to the research question was that couple therapy will be helpful only if the couple experiences a certain fit with their therapist, or in other words: “the shoe must fit.” This repertoire entails the notion of a fit with the therapist as paramount for couple therapy to be successful. If there is a poor fit with the therapist, no connection will be established between the couple and the therapist. In this case the couple will not be comfortable opening up to that person, which in turn will result in the therapy not being beneficial and perhaps being discontinued prematurely.

The Shoe Must Fit. The need for a “fit” between the couple and the therapist was a common discourse that participants drew on when talking about what was important for a successful couple therapy experience. For example, in a reply to a poster seeking people who were not pleased with a couple therapy experience, Amplexor writes: “Not all counselors are the same. Could be yours was not the right fit for your situation...” In using the term “right fit,” Amplexor seems to be suggesting that therapists either fit or they do not fit in a similar fashion that one might speak of the fit of a piece of clothing. Amplexor further suggests that the fit might not have been right “for your situation,” indicating that again, similar to clothing, one might need a therapist who “fits” in a certain way for a given situation and that different couple therapists fit in different situations. Similarly, the right fit is needed between the couple and the therapist in order for them to connect. As such, by assuming that it was a question of poor fit between what the original poster needed and what the therapist offered, Amplexor is relying on “the shoe must fit” repertoire when constructing what was missing from the poster’s therapy experience that caused the experience to be negative. Similarly, in a response to another online poster seeking

people who did not have a good experience with couple therapy, HappyHer replies: “Counseling works when you have the right counselor and you both have a desire to work things through.” Here, HappyHer notes that the “right counsellor” is needed in order for couple therapy to work, suggesting that there is such a thing as a “right” and a “wrong” counsellor and that the success of the therapy depends on this albeit unelaborated notion. She also includes the importance of participation of both partners for a successful experience in couple therapy. Further, in a response to the same online poster to whom HappyHer responded, Steve71 writes:

I've had some very mixed experiences of counselling (possibly with the same UK outfit as you) but on balance I'm glad I went through it. Counsellors are no more infallible than their clients and it takes some very complex three-way chemistry to get useful results.

In this post, Steve71 makes reference to the necessity of a certain quality to the relationship between the couple and therapist for positive results to come about. Indeed, he uses a discourse that is often used when framing the connection between romantic partners, i.e., that a certain “chemistry” is needed for the relationship to be successful. His reference to the connection required as having a “complex three-way” component entails the notion that the relationship between couple and therapist requires all three individuals involved to produce the kind of chemistry that is needed for a positive outcome. By comparing therapists to their clients in terms of their propensity to be flawed, Steve71 highlights that, as well as their clients, therapists are merely human, which suggests that what is important for successful couple therapy is not necessarily to find a “perfect” therapist, but rather to find one with whom the couple shares the right connection. These three extracts all draw on the notion of “the shoe must fit” repertoire in that they construct the quality of the fit and the connection between the therapist and couple as essential to determining the outcome of the therapy. In all three extracts, the posters are rather

vague about what is meant by the notion of “fit,” suggesting that they draw on an assumption of a common understanding of the meaning of the term within this context.

The idea of connecting with the therapist is construed as particularly important to the couple therapy experience. To this end, in a research interview, Meagan states: “I think there is something to be said about connecting with the person that you are talking to.” Using the phrase “there is something to be said about ...,” which typically is used to indicate that something has advantages, Meagan highlights the ability to connect with the therapist as being advantageous in couple therapy. Further, when talking about meeting a new therapist, Meagan drew from “the shoe must fit” repertoire when constructing how she determined whether to trust the therapist. For example, at one point during the interview Meagan makes reference to her initial experience in establishing a connection with a new therapist: “I remember feeling almost a little awkward until you get to know the person, you know, or see like how they react or how they talk to you.” Here Meagan presents a time in the beginning of the therapy process where she was learning how a new therapist would relate to her, indicating that, until a connection had been established and she had been able to assess the level of comfort she would experience with the person, there was a sense of awkwardness about the interaction. In this extract, Meagan provides an account of what the notion of “fit” means to her. Later, she adds:

I remember feeling, okay, you know, almost a little reserved at first, waiting to see how critical they were going to be or if they were going to be judgmental. I never really got that feeling, but it is almost hesitant to open up everything until you feel that connection with the person that you are talking to.

Again, Meagan presents a time when first meeting a new therapist and she uses the descriptor of being reserved, suggesting that she was holding back her thoughts and feelings from the therapist

initially. Her statement that she was “waiting to see how critical they” would be, indicates an expectation that some level of criticalness was going to be present; however, the “if” in the following point suggests less certainty of judgement to take place. In the excerpt, Meagan positions herself as vulnerable and closed until she has established a safe connection with the therapist. In the excerpt, she notes that she was hesitant to open up to new therapists in spite of never actually having constructed the reactions of any of the therapists she had seen as judgmental or critical. Meagan twice uses the term “almost” in a manner that decreases the certainty of her statements. Overall, the manner in which she describes the initial uncertainty and hesitancy about getting involved in a relationship with a new therapist is, in many ways, similar to a careful approach to trying on a new pair of shoes and assessing them for comfort and fit before deciding whether or not to buy them.

Participants also drew on the “the shoe must fit” repertoire when constructing the desired qualities of a good therapist. For example, Meagan compares the comfort of talking to a therapist as similar to that experienced with a friend:

It is like, okay this is a new therapist and, you know, how are they going to be? Or how are you going to connect? Like, almost that connection. Like, right now, me talking to you. It is like a friend sitting on the couch. It’s not always that feeling.

Comparing the comfort in the connection between client and therapist to the one experienced between friends suggests that Meagan constructs the fit as something she wondered about from the first encounter in terms of whether or not it would be easy, comfortable, and informal.

Barb also uses the “the shoe must fit” repertoire when explaining what set apart one therapist with whom she and her husband had shared a particularly good fit and connection. She states:

You know what? I honestly think he got us, or got; when I am there, I felt like he heard, he responded well. There was never, I never felt any negativity come from him, but from her [another therapist] I did.” ...[and later] “It is extremely, and I brag him up and we didn’t see him a whole heck of a lot, but he just made a big impression on us, on me anyway.

In the first extract, Barb frames, through the use of the colloquialism “got us,” a particular therapist’s ability to really understand her and her husband. She further explains what it means to her that he “got them,” by clarifying that she had felt heard by him and that he had responded well to them. Barb’s explanation of what made this particular therapist stand out as better than the others highlights the connection at least she shared with him as essential, and she emphasizes notions of feeling heard and understood as central for this connection to exist. She also notes that she never experienced “negativity” from this therapist, although she does not indicate what she means by this term. Her statement suggests that she construes negativity from a therapist as an undesirable quality. Her mentioning that she did experience negativity from another therapist, about whom she generally spoke as not having shared a good relationship, further suggests that she sees negativity as an undesirable quality in a therapist, which impedes the experience of a good connection. In the second extract, Barb notes that the couple did not see the therapist she liked a lot, but that extensive contact was not necessary for him to have had an impact on her. This statement suggests that she constructs the quality of the fit and connection between the therapist and the couple to be what makes a good therapist, rather than the extent of the involvement a couple has with the therapist. In both these statements, Barb relies on “the shoe must fit” repertoire when constructing what she believes to be desirable qualities in a couple therapist that enables the therapy to be experienced as helpful by the clients.

If the Shoe Doesn't Fit. The participants also drew on “the shoe must fit” repertoire when making sense of negative experiences in couple therapy. For example, Brian states about one of the therapists he and his wife saw:

One of the therapists, Barb really took offence to her because of the way that she spoke to her. It just set her off and that made it difficult because then it was, you know, ‘okay great, now there is this tension,’ and so it wasn’t smooth. That was difficult.

Here Brian notes that there was something about the manner in which the therapist communicated with his wife that he constructed as having offended her. His use of the metaphor “setting her off” connotes the setting off of an explosion and implies a high level of anger from his wife. He then adds that the resulting tension made the therapy process difficult. His mentioning of the process not being “smooth” suggests the counterpart of rough. In other words, the lack of a positive connection between Brian’s wife and the therapist is constructed as making the therapy process difficult and rough. About the same therapist, Barb herself states: “I needed someone to totally understand me and I don’t think she did, or enlighten me. There was just such a heavy load from there too. It was even heavy being in with her.” In this extract, Barb uses “the shoe must fit” repertoire to make sense of her negative experience with this therapist by referring to the lack of connection she experienced. First Barb presents what she wanted the relationship with the therapist to be like, i.e., as one in which she felt completely understood and enlightened, and she notes that this type of relationship did not exist. She then presents what the relationship had felt like by using metaphors of experiencing a “heavy load” from the therapy and that being with the therapist felt “heavy,” terms which suggest something is cumbersome and burdensome rather than, for example, light and easy. In these extracts, both Brian and Barb make use of metaphors to illustrate how the relationship between the couple and the therapist should or

should not feel. In Brian's case, he suggests that interactions with the therapist should feel smooth, while Barb's statement suggests that being with the therapist should not be cumbersome. In both cases, the therapy experience is construed as negative, at least partially due to the absence of good fit and connection between the couple and the therapist.

Later, during a conversation in which Barb has presented the therapist in question as rigid about her particular therapy approach, Barb responds as follows when I ask her to clarify how the therapist adhered to her therapy approach:

Very rigidly. Yeah, that is how I felt. Yeah, because sometimes, you know like, I say it didn't work well with her and I, and that is when, you know, I would make those type of comments or just say, you know: 'I didn't learn a thing today.' You know, I want to learn and if I come out not learning one thing, it just seems to be useless to go, even if she is getting me to bring my emotions out, and make me, if your emotions come out, supposedly you will feel better or whatever, but there were times that I went and I just thought: 'I am not going to go back.'

In this extract, after reiterating that the therapist adhered rigidly to her particular therapy approach, Barb constructs herself and this therapist as not working well together. Barb's use of the phrase, "and that is when...", suggests that she constructed the lack of a good working relationship or connection between herself and the therapist as causing her to make comments about not having learned anything during a particular session. Barb emphasizes that she values learning over "bringing out her emotions." Her use of the term "supposedly" regarding the value of bringing out one's emotions suggests reference to a constructed agreed upon "truth" about therapy, upon which Barb looks with skepticism. Barb then indicates that, given her negative experience in relating to this therapist and not learning from the therapy experience, she

sometimes thought of not returning for another session. As such, Barb constructs the lack of a fit and connection between her and her therapist as impeding her ability to learn from this person. Although one might argue that a connection with a therapist is not required in order to learn from the person, Barb nonetheless relies on “the shoe must fit” repertoire in emphasizing the importance of connection and fit. Drawing from “the shoe must fit” repertoire, Barb concludes that, because there was a poor fit between what she wanted and the approach of the therapist, she would not learn anything from the therapy. With the therapy rendered ineffective, she contemplated discontinuing it.

The importance of the fit between what the client wants or expects and the therapist’s approach for continuation of therapy is also part of other interview participants’ discourse. For example, Bill constructs how he experienced his therapist’s approach as follows:

I was kind of hoping that the interviewer, or the counsellor, was going to be, kind of, for both of us, right? But she was, she wasn’t. And that’s why I only went to one [session].
So it didn’t meet my expectations whatsoever.

In this excerpt, Bill constructs his expectation that the therapist would be equally there both for him and his partner as not fulfilled, and he attributes his decision not to return for further therapy sessions to this lack of equal availability. In other words, the therapist’s approach did not match his expectations and he did not experience a connection with the therapist. In drawing from “the shoe must fit” repertoire, Bill constructs his discontinuation of therapy as being due to the lack of fit between his expectations and the therapist’s approach.

“The shoe must fit” repertoire is construed as so important that finding a different therapist is indicated in the absence of this fit or connection. For instance, Meagan, who had

presented different levels of connection with the three couple therapists she and her ex-husband had seen over the years, states:

I think that you either connect with your therapist, or whoever, or you don't; and sometimes you do have to find a different one that maybe you connect with more, that you feel like opening up to more.

Here Meagan describes the connection between therapist and clients in absolute terms: either there is a connection or there is not. She then draws on “the shoe must fit” repertoire when she suggests that it might be necessary to find another therapist with whom one shares a better connection in order to feel comfortable “opening up more.” Meagan construes opening up as a product of a good connection between client and therapist and a necessary aspect of couple therapy. Meagan’s use of the phrase, “...you connect more with,” suggests a continuum of the connection, which is a less absolute way of framing the repertoire than initially suggested in the excerpt. As such, although Meagan clearly relies on “the shoe must fit” repertoire when making sense of what is required for one to open up in couple therapy, how it actually operates is less clear. On the one hand, she presents it is all or nothing, the connection is either there or it is not; on the other hand, she presents the connection as a continuum.

Several posters on the online forums also talk about the idea of finding a different therapist in order to ensure a good fit between couple and therapist. For example, as part of a reply to a poster who was not pleased with a couple therapy experience, Amplexor writes: “... Seek another [therapist] and see if that improves.” Here, because the therapist in question is suggested to be a poor fit for the original poster’s situation, Amplexor’s advice is to find another couple therapist to see if the experience would improve. In other words, going back to the metaphor of the fit of clothing, if the therapist does not fit, finding one that fits better is likely to

improve the therapy experience, similarly to how one might seek to find a better fitting piece of clothing to improve the overall look or feel of an outfit. Similarly, Marina72 also responds to another poster who has been presenting dissatisfaction with the approach of a couple therapist:

If you feel nothing is being worked on, after this last session, then it might be time to ask him how it's going to go, and whether you'll ever be able to address the issues that you both are concerned about. If he won't be forthcoming with answers, then you can always get a different counselor. That is totally up to you guys. You don't have to stay with this one, if you don't jive with him.

Like Amplexor, Marina72 advises that the previous poster might want to try a different therapist if the approach of the current one is not a good fit, or they do not “jive” with him. Marina72 uses the colloquialism “jive” when describing the desired connection between the clients and therapist, suggesting that s/he construes the desired fit between couple and therapist as being similar to that between two dance partners. The phrase “you can always get a different one” indicates a level of ease with which one can discard one therapist and find another. When stating that the decision to find another therapist is “totally up to you guys,” Marina72 emphasizes that the power to make this decision lies completely with the couple. As was the case with Amplexor, Marina72 also draws on the “the shoe must fit” repertoire to encourage the previous poster to ensure that this fit is present in order for a positive couple therapy experience to take place.

Supporting the idea of trying a different therapist if the connection between client and therapist is not present with one therapist, Mommy22 presents her experience with two different therapists:

It's amazing the difference the right counselor can make. I went for grief counseling years ago. I just cried through every session and she gave no feedback to help me through.

However, my marriage counseling was much different. We went to a different center. He thoughtfully listened to each of us and gave us homework. He gave us constructive and objective advice. He didn't hold back in his opinion of what was best for us. He was unbiased as well. He didn't pit us against each other and seemed most concerned in focus on the future and how to make our marriage stronger. He really didn't focus on our past mistakes all that much. He gave us tools to work through hurdles and trudge forward. He helped save our marriage in many ways.

In her posting, Mommy22 draws on the “the shoe must fit” repertoire in order to attribute the difference between a negative and a positive therapy experience to whether she had the “right” therapist. By using the term “right,” Mommy22 indicates that there is such a thing as a “right” and a “wrong” therapist. She then constructs the approach of the “wrong” therapist and the approach of the “right” therapist. When presenting the approach of the right therapist, Mommy22 emphasizes several things that this person did not do, suggesting that she considers these absences to be undesirable behaviours for a couple therapist. She concludes that the therapist had helped save the marriage; this statement, together with the initial sentence of the post, suggests that she constructs the fit of the therapist to be instrumental in the successful outcome of the couple therapy.

Making Sure the Shoe Fits. Other online posters write about a more purposeful approach to ensuring a good fit between couple and therapist. 2fearlesslove describes terminating therapy with one therapist when she did not like the therapist’s approach:

My H [husband] and I have been to 2 marriage counselors. We are a young couple so when we met our first counselor, my H was indifferent about him, however, I felt he was very condescending and matter-of-facty. I don't think he took our issues seriously. For

instance when I brought up my concern about my H infidelity he just made it seem like "oh boys will be boys..." so he got X'd after 3 sessions. The 2nd counselor I really like, we still go to him. He asks a lot of thought provoking questions and really encourages us to answer them. I needed a counselor who could see through my BS and pump some blood into the robot of a H I have LOL and the counsellor seems to be doing pretty well.

In her posting, 2fearlesslove presents behaviours of the first therapist that she did not like and notes that the therapy had been terminated after three sessions as a result. When describing ending the relationship, 2fearlesslove uses the metaphor of "getting X'ed," which compares the termination of the therapeutic relationship to the action of crossing out a person's name in an act of excluding the person from something (e.g., crossing a name off a list). Using this metaphor implies a casual approach to the idea of ending the therapeutic relationship. 2fearlesslove then states that she and her husband went to a second therapist, and she highlights the positive connection established with this person by listing the aspects of his approach that she liked. She also outlines what she needs from a therapist and states that the second therapist fulfilled these needs. She also presents the unique challenge for a couple therapist, in that she outlines different needs for herself and for her husband. In her posting, 2fearlesslove uses "the shoe must fit" repertoire to justify the need to end the relationship with the first therapist and to find a different therapist with whom the connection was better, in order for the therapy to be successful. Her posting also speaks to the construction of the client as an agent who is instrumental in choosing her or his therapist.

Similar to 2fearlesslove, MsStacy highlights the unique challenge associated with the fit and connection between clients and therapist in couple therapy posed by the need for both partners to experience the connection. After describing the manner in which her and her

husband's current therapist was helping, she notes that: "It took us a couple tries to find the counselor that worked for both of us but it has been well worth it." Here MsStacy construes a mutual fit with the therapist as important for a successful therapy experience.

The strength of the "the shoe must fit" repertoire is apparent in online posts that highlight the necessity of trying different therapists in order to ensure a good client-therapist match. For example, 827Aug wrote in a response to a poster who had had a negative experience in couple therapy: "Don't be afraid to try several therapists until you find the one that feels right to you." In this excerpt, 827Aug encourages the original poster to continue searching for a therapist that "feels right," indicating that a good "fit" can be identified by what might be considered ephemeral qualities. By using the phrase "don't be afraid," 827Aug seems to be reassuring the previous poster that no harm would come from following the advice given. Further, encouraging the previous poster to try new therapists *until* the right one is found entails an assumption that the "right therapist" is out there; it is just matter of finding the person through a "trial and error" process.

The notion of using a trial and error approach to finding a therapist that is a good fit and with whom one shares a good connection is also taken up by other online posters. For example, when giving advice to a poster about how to find a couple therapist, Desertdwellers writes:

Just remember that one visit won't kill you, and you usually can tell if the counselor is going to be a good match for you with one visit. It may take some trial and error. I do urge you to try. I think marriage counseling saved my current marriage. Good luck.

In this post, Desertdwellers refers to using the trial and error approach to finding a therapist, suggesting that he or she construes the process of finding the right therapist in terms of a practical experiment involving "trialling" therapists for the purpose of discontinuing when

experiencing “error” in fit or connection between couple and therapist. Similar to 827Aug above, Desertdweller reassures the previous poster that no harm will come from meeting once with a given therapist when stating, “one visit won’t kill you.” In the excerpt, Desertdweller writes about the fit between couple and therapist in terms of a “good match” and also posits that one can tell if the fit is good within one visit. By offering good luck, Desertdweller acknowledges that there might be aspects in the process of finding a therapist that are outside a person’s control and that perhaps finding a good match is the luck of the draw. In offering advice to look for a therapist that is a better match, Desertdweller draws on the “the shoe must fit” repertoire to construct this advice as the best way to ensure success in couple therapy.

Other online posters offer advice about how to ensure a good fit is present in the therapeutic relationship when finding a couple therapist. To this end, Strongernow writes:

Write out a list of topics that you want to discuss and work on in counseling. List them off to your counselor over the phone or at the interview and see if the counselor is willing to help you and has a plan. See if the counselor is confident or not, by using your judgement. Also use your insight to see if the counselor has empathy for you.

Here, Strongernow suggests a process similar to an interview when determining if a given therapist is a good fit. Strongernow first outlines the process of preparing questions to ask the therapist and then lists what to look for during the interview. Based on the advice provided, it appears that Strongernow constructs a good client-therapist fit to be present if the therapist in question is willing to help and has a plan for addressing the outlined topics, is confident, and has empathy for the person in question. Strongernow encourages the previous poster to use judgement and insight in determining if these qualities are in place, which suggests that ensuring a good fit is framed as a rather complex process.

Other online posters suggest different ways of ensuring a good fit when finding a couple therapist. For example, HappyHer posts the following suggestion in response to a previous poster who had presented an account of a negative couple therapy experience:

I'm sorry to hear that Cherryfest, it doesn't sound as if you found a very good counselor for your needs. It's usually best to call around, see if a counselor will do a mini session so it won't cost as much and then you can shop around until you find someone that is a better fit without wasting so much money. When you find the right counselor, you'd be amazed at the progress you can make!

Again, drawing from “the shoe must fit” repertoire, the poster first attributes the previous poster’s negative experience to a poor match between couple and therapist. She then offers the suggestion of contacting a number of couple therapists to set up “mini sessions” as an economical way to try out different therapists before deciding which one “fits” the best.

HappyHer’s reference to the suggested option as saving the previous poster from “wasting so much money” indicates that going to full sessions with therapists with whom there is a poor fit is constructed as a waste of money. In the post, HappyHer describes the process of finding the right therapist as “shopping around” until the best fit is found. In using this phrase, HappyHer likens the process of finding the right therapist to that of shopping for a product. She then notes that, once the right therapist is found, the amount of progress can be significant, again drawing upon “the shoe must fit” repertoire in constructing success in couple therapy as dependent upon a good fit between the clients and the therapist.

Discussion

Efforts to develop and improve the effectiveness and efficacy of couple therapy have been on-going for generations of theorists, researchers, and therapists. However, in spite of

repeated evidence of its usefulness in helping distressed couples, the issue of premature termination continues to frustrate researchers and therapists. The purpose of the present study was to explore the discourses people use to construct what they see as important for a positive couple therapy experience. I argue that an exploration of this question can in turn help us develop a better understanding of the choice to remain in or discontinue couple therapy.

Discourse analysis was used to construct the interpretative repertoire, “the shoe must fit.” This repertoire posits that a certain fit or connection must be experienced by the couple with their therapist in order for them to have a positive couple therapy experience and for therapy to be successful. If this fit is not experienced, the couple will not feel comfortable opening up to the therapist; in turn, the therapy will not be beneficial, and the couple is likely to discontinue therapy prior to resolving the issues that brought them to therapy. Although the importance of the therapeutic alliance in terms of its significance for therapeutic process and outcome has been firmly established in the literature (e.g., Leibert & Dunne-Bryant, 2015; Smith-Hansen & Probert, 2014), “the shoe must fit” repertoire provides an avenue for understanding how this alliance might begin to be established. Although it is important to note that therapeutic alliance and the “the shoe must fit” repertoire are not synonymous with one another, the two constructs share a focus on the interaction between client and therapist. Where “the shoe must fit” repertoire concerns itself with the notion of a certain fit or match between the client and therapist as perceived by the client, the therapeutic alliance as a construct can be thought of as the working relationship that takes place through the process of therapy (Tee & Kazantzis, 2011). As such, the fit between therapist and client is possibly a prerequisite for the development of the therapeutic alliance. Indeed, researchers studying the concept of the therapeutic alliance have highlighted the potential need for different alliance processes depending on the particular

circumstances of a client and the variety of therapeutic change sought in different therapy contexts (Horvath, 2006). Supporting this notion, Beutler, Forrester, Gallagher-Thompson, Thompson, and Tomlins (2012) found that matching certain client variables, such as coping style, resistance, and level of impairment and distress, with certain treatment variables, such as behavioural/insight, treatment mode, session intensity, and therapist directiveness, contributed to therapy outcome above and beyond the effect of the therapeutic alliance alone.

The results of the present study suggest that the fit between the therapist and couples, or the lack thereof, was constructed as being established early on. For example, even those who had attended only one therapy appointment drew from “the shoe must fit” repertoire when explaining their reason for discontinuing or wanting to discontinue therapy. Similar findings have been found in the literature on therapeutic alliance. For example, Knobloch-Fedders, Pinsof, and Mann (2007) found that participants in their study formed perceptions of their therapists immediately in the first session, and that these initial perceptions were lasting. Similarly, Anker, Owen, Duncan, and Sparks (2010) found a significant relation between the therapeutic alliance and outcome of couple therapy in couples who attended only two sessions. In a smaller subsample of couples who attended four or more sessions, they found that therapy outcome was better for couples who started with a high level of therapeutic alliance in the first session and increased the alliance from there. Raytec et al. (1999) also found that couples who did not complete treatment tended to have a weaker therapeutic alliance in the first session. As such, it has been suggested by researchers that one of the most important tasks for the initial couple therapy session is developing the therapeutic alliance (Knobloch-Fedders, Pinsof, & Mann, 2004). These findings are consistent with those of the present study, as they support the presence of a discursive repertoire in our culture that a certain fit between therapist and couple is

necessary for a positive couple therapy experience and that clients determine at an early point in therapy if they believe such a fit is present. Such findings underscore the importance of clinicians openly discussing the therapeutic relationship with clients in the first session. Clinicians might improve the possibility of being construed as a good fit for clients by inquiring about and making note of how clients construct what matters to them in this relationship.

In the present study, a poor fit was sometimes framed in terms of the therapist not completely understanding the clients; sometimes it was constructed as the result of inconsistencies between the therapist's approach and expectations of the couple. Sutherland, Sametband, Silva, Couture, and Strong (2010) discussed the importance of therapists being sensitive to the need to negotiate therapy processes and goals through conversation preferences between therapists and clients. Further, these authors argue that arriving at shared understandings of client-preferred therapeutic outcomes for clients can be accomplished through careful use of therapist-client dialogue. Certainly, such a therapeutic conversational approach could serve to improve clients' constructions of a good fit with their therapist. In the present study, when clients had negative experiences in couple therapy, they commonly terminated their involvement with the therapist in question, citing the poor fit as the primary explanation. Consistent with these findings, Bischoff and Sprenckle (1993) noted dropout rates in family and marriage therapy as likely being associated with a failure to meet the clients' expectations in some way, while Calvert and Johnson (1990) argued that dropout rates would decline if treatment approaches were to become more acceptable to clients and more consistent with their expectations.

The discourse used by participants in this study often shared commonalities with discourses typically used when speaking about shopping around for merchandise; indeed, one online poster used the term "shopping around" with regard to finding the right therapist. Other

people spoke about finding the right therapist in terms of a trial-and-error process, suggesting similarities to trying on different pieces of clothing until the right fit is found. Lee, Gray, and Lewis (2010) investigated the relation between Internet use and active healthcare consumerism. Based on their results, they suggested that Internet use might empower people to become more actively involved in their own medical care. The authors of the study speculated that participation in online support groups and social networking might aid patients in gaining tools and/or confidence to be more actively engaged in their healthcare. These results are consistent with the results of the present study, as online participants spoke about taking an active role in ensuring the right fit between themselves and their couple therapists. In contrast, interview participants in this study did not explicitly use the discourse of shopping around for a therapist. These differences reinforce the notion that generating data from different discursive contexts can enable a more nuanced understanding of a research topic.

The notion of clients taking an active role in the decision-making around their healthcare has been discussed a great deal in the context of physical health. Historically, the predominant approach taken in medical encounters has been a paternalistic one (Emanuel & Emanuel, 1992). However, a number of factors have contributed to physicians, patients, ethicists, and researchers challenging this approach (Eddy, 1990). These factors include: the rise of consumerism in general and the idea of consumer sovereignty in decision-making in healthcare; the emphasis on challenging medical authority by the women's movement; a focus on patients' rights in healthcare legislation; and variation in treatment by doctors unrelated to differences in health status (Charles, Gafni, & Whelan, 1999). As such, healthcare decisions have moved toward a partnership between doctors and patients, in which doctors and patients make decisions collaboratively. In the context of this rising consumer sovereignty in healthcare and the

prevalence of the reliance on “the shoe must fit” repertoire in the present study, the notion of shopping around for the right therapist using a trial-and-error approach appears to be a predictable outcome. If we look at the repertoire literally, it can be said that if the shoe is the therapist and the foot is the client, then a positive therapy experience in this construction is all about client control. The therapist must fit the client in order to be “purchased.”

When looking at “the shoe must fit” repertoire in the context of the research investigating what clients identify as helpful and unhelpful aspects of couple therapy, the repertoire helps to provide a framework for understanding these findings. As noted in the review of the literature above, the only clear common aspect of couple therapy identified as important as helpful or unhelpful in the couple therapy experience was various features of the therapeutic relationship (Bischoff & McBride’s, 1996; Bowman & Fine, 2000; Estrada & Holmes, 1999; Rautiainen & Seikkula, 2009; Woolley, Butler, & Wampler, 2000). Apart from this aspect, many individual features were identified in each study, with only a few sharing some commonalities across a small number of studies (Bowman & Fine, 2000; Estrada & Holmes, 1999; Woolley, Butler, & Wampler, 2000). As a result of the tendency of the findings of this area of couple therapy research to be idiosyncratic in nature, it is difficult to develop a broader conception about what clients construct as a positive couple therapy experience. However, if we consider these findings within the framework of the “the shoe must fit” repertoire, it is possible that these idiosyncratic findings illustrate that what constitutes a good fit between client and therapist is an individual process. As such, perhaps the goal of identifying common notions as to what constitutes helpful or unhelpful aspects of couple therapy is not realistic. Instead, it might be of value for future research to investigate the process by which clients determine how they construct the fit with a new couple therapist. A better understanding of this process might make

it easier for therapists to facilitate it, and clients might, in turn, be able to more quickly settle on a therapist with whom they share a good fit.

The four validity criteria set out by Potter and Wetherell (1987), i.e., coherence, participants' orientation, new problems, and fruitfulness, were employed in evaluating the validity of the analysis of the present study. In terms of the coherence of the analysis, a potential "loose end" could be seen in Barb's and Brian's accounts of continuing to attend therapy for a number of sessions with a therapist that they both appeared to construct as not being a good fit, particularly with respect to Barb's needs and expectations of a therapist. That said, Barb clearly oriented to this inconsistency by making note of the fact that she had contemplated ending the therapy experience because of the poor fit. Barb's orienting to this apparent inconsistency with "the shoe must fit" repertoire also highlights another validity criterion: participants' orientation. "The shoe must fit" repertoire does lead to new problems, as would be expected if the analysis is meaningful, according to Potter and Wetherell (1987). For example, the notion of couples shopping around for therapists presents potential issues for therapists in terms of initiating couple therapy with far more couples than ultimately choose to continue. Specifically, this activity could result in a loss of income due to a disproportionate increase in administrative work associated with initiating treatment with new clients, such as creation of new files, setting up billing, initial assessment paperwork, etc. In addition, seeing a disproportionate number of couples for a first appointment could also result in a decrease in job satisfaction for therapists who draw satisfaction from the experience of ongoing treatment with clients. For couples, the notion of shopping around presents a potential problem in terms of the costs associated with paying for several initial therapy appointments with therapists with whom they end up not continuing, as well as potential frustration in having to repeatedly share emotional information with a new

person. The criterion of fruitfulness is satisfied in that “the shoe must fit” repertoire provides an avenue for conceptualizing how the therapeutic alliance is established in couple therapy. In addition, this repertoire provides a way of framing why couples might choose to end their couple therapy before anticipated by their therapist, i.e., as due to a poor fit with the therapist rather than lack of motivation, resistance to change, defensiveness, life circumstances, or other reasons often referred to by therapists and researchers. Put another way, the notions of dropping out of therapy or premature termination are generally considered in negative terms, with clients being perceived by clinicians and researchers as disengaged or as “defectors” (Bischoff & Sprenkle, 1993; Reis & Brown, 1999); however, the present results suggest another way of framing such behaviour. That is, perhaps these couples should be perceived as empowered healthcare consumers taking charge of their couple therapy rather than as delinquent or unmotivated clients.

In addition to providing a slightly different way of understanding what is already known about clients’ constructions of couple therapy, the present study confirms that many of the discursive frames proposed in the literature and used by professionals are also employed by the people who are experiencing couple therapy firsthand, the clients. In other words, these findings bring together particular discursive frames of the research community, the clinical community, and the lay community and show the extent to which they are consistent with one another. As is the nature of discursive work, however, there are always other research questions that could have been pursued from the present data and that would have resulted in the construction of other interpretative repertoires.

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Chapter 5: Constructing the Influence of Couple Therapy on Daily Life

Overview

Couple therapy is generally thought of as the act of attending couple therapy sessions, and it is the actions that take place during these sessions that are thought of as the “active ingredient” in the process. However, among therapists, the time between sessions is typically attributed at least as much value as the actual sessions in terms of its importance for facilitating clients in achieving their therapy goals (Ronan & Kazantzis, 2006; Stricker, 2006). Researchers and therapists appear to be making the assumption that what transpires in the secluded artificial setting of a therapy session will transfer into beneficial changes in the daily lives of clients, even though very little research has been carried out to investigate this transfer (Dreier, 2011). The way therapists attempt to maintain clients’ engagement in the therapy process between sessions has typically been through the use of various activities to be carried out during this time, often referred to as homework. The research focused on the area of homework in psychotherapy has generally found the use of homework activities and the compliance with these activities is related to positive therapy outcome (e.g., Mausbach, Moore, Roesch, Cardenas, & Patterson, 2010; Rees, McEvoy, & Nathan, 2005). Unfortunately, the literature on compliance with homework activities in psychotherapy typically shows that it can be difficult to engage clients in these activities (Dattilio, Kazantzis, Shinkfield, & Carr, 2011).

Literature Review

In the literature on psychotherapy, the time between sessions has received far less attention compared to other aspects of the psychotherapy process (Reuterlov, Lofgren, Nordstrom, Ternstrom, & Miller, 2002; Zeeck & Hartmann, 2005; Zeeck, Hartmann, & Orlinsky, 2006). Some researchers have used the term “intersession process” to describe the

thoughts and feelings regarding therapy and the therapist that take place between therapy sessions (e.g., Zeeck, Hartmann, & Orlinsky, 2006).

Several studies have shown that intersession engagement might be related to therapeutic alliance (Owen, Quirk, Hilsenroth, & Rodolfa, 2012; Zeeck & Hartmann, 2005). For example, in their study of how in-session processes can promote between-session thought and activity, Owen, et al. (2012) had 75 participants complete three questionnaires related to intersession experience, therapeutic alliance, and therapy processes, respectively. Results of the study showed that therapeutic alliance was consistently related to intersession activity, emotional reaction when thinking about therapy, and general thoughts about therapy. Based on these results, the authors posited the alliance as a barometer for the impact therapy might have on day-to-day living. The authors also found that intersession activity was associated with the use of psychodynamic-interpersonal techniques, and they discussed the possibility that, by promoting affective as well as inter- and intrapersonal insight, such techniques might increase thought about therapy between sessions. Further, in a study relating therapeutic processes with outcome, Zeeck and Hartmann (2005) found that negative feelings like anger and doubt regarding the therapist in the intersession process were related to negative outcome of therapy, while the recreation of the therapeutic dialogue between sessions was associated with a positive therapy outcome. In both of these studies, the way clients thought and felt about their therapist during sessions impacted how their therapy influenced their daily lives.

The findings of the research on between-session processes generally have suggested that what happens between therapy sessions is of great importance to the therapy process as a whole and to therapeutic improvements (Reuterlov, et. al., 2002; Zeeck & Hartmann, 2005). To study this relationship, Reuterlov and colleagues (2002) investigated between-session experiences in

terms of the amount of positive, treatment-related gains reported by clients as taking place during this time. Their study included 129 participants who were undergoing solution-focused therapy for substance related problems. At the beginning of each therapy session, participants were asked about potential improvements since the previous session, and at the end of each therapy session, they were asked about the level of resolution to their presenting problem. Results of the study showed that the vast majority of clients reported positive change to have taken place between therapy sessions. Results also showed that participants who reported between-session improvement were more likely to report higher levels of resolution to their presenting problem compared to their rating at the previous therapy session. These results suggest that between-session change might be important for overall therapeutic improvement. In other words, what happens in people's daily lives between sessions might influence the process and outcome of their therapy.

Couple therapy research has also shown that life events influence the therapy process. Some researchers have found that change unrelated to the therapy sessions can play a part in the course of couple therapy. In Olsen's (2001) study, it was apparent that the turning points identified by clients often took place outside the therapy room and were unrelated to the therapeutic intervention. These turning points were often of a very emotional and/or dramatic nature, such as starting a new job or having a baby. The author emphasized the importance of studying significant moments that occur between sessions and outside the therapy room (Olsen, 2001). Frye (2002) also found life outside the therapy sessions to have an impact on the therapy process. He analyzed three rounds of interviews with 14 couples using grounded theory. Five categories emerged from the analysis, *External Influences*, *Acquiring Meaning*, *Forward Looking*, *Enactment*, and *Affect Response*. Within the category External Influences, participants

discussed issues related to negotiating relationship change between sessions while managing the demands of external influences such as daily routines and relationships with people external to the therapy process. Within the category of Acquire Meaning, the couples in the study talked about reflecting on the history of their relationship, reflecting on information from a previous therapy session, and replaying events from therapy sessions in order to make sense of given situations between sessions. The category Looking Forward involved looking ahead to the next counselling session or relationship event to report successes or failures, to practice new change, and to find answers. The Enactment category involved participants talking about the application of new and old relational thought and behaviour patterns between therapy sessions. Finally, the Affective Response category involved participants' emotional reactions to the various between-session experiences. The findings of this study support the idea that a great deal of therapy process can take place between sessions. The findings also indicate the many ways in which couple therapy can influence day-to-day living, and that clients in couple therapy might have therapy-related experiences between sessions that, in turn, might influence their experiences of the therapy process.

One way for therapists to encourage engagement in therapy outside therapy sessions is through the use of homework activities. In the context of changes in mental health care practices, a trend has taken place toward brief forms of psychotherapy. As a result, the importance of making use of the time between therapy sessions has increased, and the use of homework activities as a necessary part of therapy has become the norm (Hay & Kinnier, 1998). The idea that practice outside a didactic learning session might enhance a person's ability to learn new strategies to overcome longstanding problems is hardly novel or exclusively related to homework activities in therapy. Viewing psychotherapy as a form of teaching and training is a shift that has

taken place through the course of the history of psychotherapy (Shelton & Levy, 1979). Indeed, examples of practical suggestions for homework activities have been found in papers about psychotherapy that date back to the 1960s (Burns & Spangler, 2000). According to Suinn (1990), homework in psychotherapy plays many different roles in the process. For example, he described homework as a way to facilitate continuity between therapy sessions, as a process to ensure generalization of therapy gains outside the therapy sessions, to help obtain progress information for therapy planning, to help ensure the presence of personal meaning in the therapy process, as a means of ensuring compliance with the therapy process, and to help integrate therapy into daily routines.

Although homework activities have traditionally been associated with cognitive and behavioural therapy approaches, some researchers have suggested that such activities represent a common factor in the practice of all forms of psychotherapy (Kazantzis & Ronan, 2006). Kazantzis and Ronan (2006) described homework as a way for clients to make efficient use of the time between their therapy sessions by completing activities aimed at identified therapy goals. As such, therapeutic activities between therapy sessions have been described as taking place in various forms within most therapeutic approaches, ranging from primarily therapist-initiated homework assignments typically associated with behavioural and cognitive behavioural approaches (Huppert, Ledley, & Foa, 2006; Thase & Callan, 2006) to more client-driven homework activities commonly associated with client-centred and emotion focused approaches (Brodley, 2006; Greenberg & Warwar, 2006). Systems-oriented therapists typically encourage clients to utilize between-session time to try out new interaction skills in an effort to deal with unhealthy interaction patterns (Allen, 2006), while a psychodynamic therapist might be more likely to ask clients to try out different behaviours between sessions and to pay attention to

resulting feelings and responses from others (Stricker, 2006). Likewise, in couple and family therapy, Dattilio, Kazantzis, Shinkfield, and Carr (2011) found no difference between cognitive-behavioural therapists and psychodynamic therapists in their likelihood to use homework in their therapeutic practice. In general, making use of the time between therapy sessions is consistent with the assumption most therapists hold that therapy is not limited to the weekly hour-long therapy session, but rather is a learning process of meaningful change, development, and growth that involves the time in- as well as out-of-session (Ronan & Kazantzis, 2006). As such, homework assignments can, among other things, facilitate clients' ability to generalize skills to novel situations and increase their self-efficacy (Detweiler & Whisman, 1999). In other words, these authors would argue that homework assignments can serve to increase the impact therapy has on the daily lives of clients.

In further support of the use of homework activities, studies have shown that the inclusion of homework activities is related to the outcome of therapy (e.g., Kazantzis, Deane, & Ronan, 2000; Rees, McEvoy, & Nathan, 2005). For example, in their meta-analysis of homework assignments in cognitive and behavioural therapy, Kazantzis, Deane, and Ronan (2000) investigated the effectiveness of homework on therapy outcome. They found that the use of homework in general had a positive effect on therapy outcome. In addition, the results of the study also indicate that the type of homework assignment as well as the quality of homework assignment completion impacted the outcome of therapy. For example, the results suggested that the positive effect of homework on therapy outcome was greater when a variety of different types of homework assignments were used rather than a single type. However, it is important to note that the focus of this meta-analysis was on quantitative outcome measures; further, it did not

investigate the extent to which the homework assignments or the therapy content were integrated into day-to-day life.

In couple therapy, homework assignments might be of even greater importance (Dattilio, Kazantzis, Shinkfield, & Carr, 2011); however, limited research so far has focused on the use of homework activities in couple therapy. As Dattilio (2002) noted, situations surrounding couples in crisis are often volatile, and homework in couple therapy serves to facilitate transfer of the therapy session to help bridge the process of therapy to the original environment where the dysfunction typically stems. In a review of the literature, Dattilio (2002) separated homework assignments in couple therapy into six categories including: bibliotherapy assignments, audiotaping or videotaping out-of-session interactions, activity scheduling, self-monitoring, behavioural task assignments, and cognitive restructuring of dysfunctional thoughts. Dattilio highlighted many benefits to using homework activities in couple therapy. For example, he described therapy with the incorporation of homework as a “24-hour experience” (p. 536), referring to the notion that homework activities can serve to maintain the effect of the therapeutic process while couples are at home in the environment where their relational dysfunction emanates. He further highlighted homework as serving to increase couples’ awareness of issues as they are unfolding in treatment and to establish an expectation to actively make changes rather than merely discuss change during therapy sessions. Although many of the points made by Dattilio are not necessarily unique to couple therapy, they emphasize that homework activities are an important way to encourage engagement between sessions in couple therapy.

Given the research showing that inclusion of homework in therapy has positive effects on therapy outcome, it is not surprising that research also has found compliance with homework activities to be important for therapy outcome (Kazantzis, Deane, & Ronan, 2000). For example,

in two meta-analyses (Kazantzis, et al., 2000; and Mausbach, Moore, Roesch, Cardenas, & Patterson, 2010) conducted a decade apart, of 27 and 23 studies, respectively, both found a significant relationship between homework compliance and therapy outcome. In their study of compliance with homework completion and outcome in cognitive behaviour therapy, Rees, McEvoy, and Nathan (2005) found that, although both quantity and quality of homework completed during a 10-week group treatment program for anxious and depressed clients were predictive of outcome, the amount of homework completed was particularly important. Cammin-Nowak, et al., (2013) also found support for the notion that both quantity and quality of homework completion predicted improvement in symptomatology; however, contrary to Rees and colleagues, their results indicated quality of homework completion to be more important. In a follow-up meta-analysis to Kazantzis and colleagues' meta-analysis, a decade later, Mausbach, Moore, Roesch, Cardenas, and Patterson (2010) also found support for the relation between compliance with homework and therapy outcome. These results were consistent across a number of target symptoms and drew the conclusion that compliance with homework is an important aspect of psychotherapy regardless of presenting problem. Certainly it seems logical that, in order for clients to incorporate intersession therapy activities into their daily routines, they would have to comply with engaging in such activities in the first place. However, it should be noted that the research on compliance with homework activities does not typically investigate the extent to which these activities become part of daily life, but merely whether they are completed or not.

The issue of compliance with homework activities as a way to engage people between therapy sessions has not received as much attention in couple therapy research as it has in the literature on individual therapy (Dattilio, Kazantzis, Shinkfield, & Carr, 2011). Dattilio,

Kazantzis, Shinkfield, and Carr (2011) investigated the barriers to homework activities as perceived by couple and family therapists through the use of a questionnaire, which was completed by 226 couple and family therapists. Results specifically related to couple therapy showed that the therapists identified three primary barriers to homework completion, including unanticipated practical obstacles, clients' negative beliefs toward the task, and one or both partners in the couple not supporting the task. Based on these results, it is possible that the fact that couple therapy involves two individuals rather than one person has the potential to lead to additional barriers to engaging in homework activities. For example, even if one partner is fully committed and engaged in the activities, it might be of little consequence to the overall engagement of the couple if the other partner's level of engagement does not match that of the first. No research was found that specifically investigates barriers to completing homework activities as perceived by couple therapy clients.

In sum, in spite of the importance of the between-session time, the vast majority of psychotherapy research has been focused on what happens during therapy sessions rather than what happens between them. The one aspect of between-session activity that has received attention is the use of homework activities as part of therapy. However, within this research, the primary areas of interest for researchers have been the relationship between homework activities and therapy outcome, and compliance with homework. Research is lacking on the extent to which clients actually incorporate their psychotherapy experience into their daily lives. Furthermore, the homework literature has been conducted almost exclusively within the context of individual therapy using quantitative research methodologies. Very few studies were found in which between-session therapy engagement was investigated in the context of couple therapy.

As such, little is known about how couple therapy influences, or is constructed as influencing, the daily lives of couples going through this experience.

It is important to note that there are some fundamental differences between individual and couple therapy that might have implications for the relative importance of between-session engagement. For example, when the client leaves the therapy session in individual therapy, he or she is alone in negotiating how to process and structure the time until the next therapy session. Only the client was present to experience the therapy session and only the client's (and the therapist's) constructions of the session exist. However, when a couple leave a therapy session, the potential for engaging in therapeutic processes is very different. Each partner constructs the experience of the session and the therapeutic process and each partner has expectations of him/herself and his/her partner when negotiating the time between sessions. Given what the research and common sense tells us about the importance of between-session engagement for improvement of therapeutic outcome in couple therapy, learning more about how people construct the time between sessions in couple therapy is important. As such, the goal of the present study was to examine the discourses clients use to construct the time between therapy sessions with respect to how their couple therapy impacted their daily lives.

In this research, an underlying assumption is that people draw on language or discourse that is available to them when making sense of events and phenomena in their social world. The discourses they draw upon are based on the experiences they have had within a culturally shared understanding of the social world (McLeod, 2001). That is, we can learn about the way people construct their social world by examining the discourses they use when speaking about it and when speaking about any particular social phenomenon, such as, for example, couple therapy.

Purpose of the Study

The guiding research question in the present study was: How do participants in couple therapy construct the influence of therapy on daily living? With the assumption that couples' engagement in therapy between sessions is important in order for couple therapy to have an impact on relational functioning, exploring the ways people use language to construct the influence the therapy process has on their daily lives between sessions might further our understanding of what is needed for people to increase their engagement in couple therapy.

Method

Epistemology and Methodology

In this study, I adopted a social constructionist epistemological stance in my approach to the data and the analysis (Crotty, 1998). In accordance with this epistemology, an underlying assumption within the research is that reality is constructed socially through interactions between human beings and their external world. The methodology chosen for the present study is discourse analysis, with a specific focus on interpretative repertoires (Potter & Wetherell, 1987). Interpretative repertoires are systems of terms and metaphors that people draw upon when attempting to make sense of events, phenomena, and actions. Interpretative repertoires are socially constructed through language (Potter & Wetherell, 1987). As the purpose of the study was to develop an understanding of the discourses people who have participated in couple therapy draw on when constructing the impact of therapy on daily life, I determined that interpretative repertoires would provide a suitable framework for the analysis.

Data

Semi-structured interviews with eight individuals (five females and three males) comprised the source of the data for the present study.² The interview participants were aged 28 to 59 years and all had participated in couple therapy at some point. There was a great deal of variability between the participants' experiences with couple therapy (see Table 1). For example, some participants had attended couple therapy several years ago, while others were still attending ongoing couple therapy sessions at the time of the interview; therapy courses ranged from one session to an unknown number of sessions described as "lots;" some participants had participated in couple therapy on one occasion, while others had gone through up to three different courses of couple therapy; and the context of the therapy varied by setting (public community clinic versus private practice) and by therapist training (e.g., psychologist, psychiatrist, and unknown). Five of the eight participants were not involved with the person with whom their couple therapy experience had taken place. Six of the participants had attended couple therapy while in a marriage, while the remaining two participants were in common-law relationships. The participants' relationships ranged from 2½ years to 21 years, with a mean of 12 years. Two of the participants were a married couple who were interviewed separately.

² The original intent was for the data in this study to include data from online discussion forums in addition to the data from interviews. However, due to difficulties encountered in the data collection process (further described in the Summary and Conclusions chapter of the dissertation), only interview data were included in the analysis for this study.

Table 1

<i>Couple Therapy Experience</i>								
Participant:	1	2	3	4	5	6	7	8
Courses of Therapy:	1	3	1	1	2	2	1	1
Year of Therapy:	2004/ 2009	1996/ 1999/ 2007	2004	Ongoing (2010)	2004/ 2009	2004/ 2009	2004	2008
Sessions per course:	1	3/6/6	4-5	“Lots” over 2 years	5/8	5/8	2	1
Setting:	Private	Private	Private	Private	Public/ Private	Public/ Private	Private	Canadian Forces
Therapist Title**:	Psychiatrist	Psyc*/ Psyc*/ Psyc*	Counsellor	MFT***	Psyc*/ Psyc*	Psyc*/ Psyc*	Un- known	Marriage Counsellor

* *Psyc = Psychologist*

** *Title as reported by participant*

*** *MFT = Marriage and Family Therapist*

Participants were recruited via posters (see Appendix A) that had been placed in a number of public locations in Kings County and Halifax in Nova Scotia, Canada, such as waiting rooms of community mental health clinics, physicians’ offices, and private practices; bulletin boards of a library and a post office; and on an online bulletin board on the internal network connecting three public health districts (accessible by staff of all three districts) in Nova Scotia, Canada. Some participants stated that they had learned about the research project by word of mouth. I was contacted by interested participants via telephone or email. During the initial contact, I explained the interview process and arranged an interview with the participant. Six of the interviews took place in the participants’ homes, while the remaining two interviews took

place at my home or the home of a friend of the participant. The participants were remunerated with \$25 each for their participation. In order to maintain the anonymity of all identifiable individuals in the interviews (e.g., participants, therapists), pseudonyms rather than actual names are used in all extracts.

The style of interviews in this study can be described as conversational, informal, and semi-structured in nature. For each interview, I followed a predetermined number of questions (the same for all interviews) designed to guide the general topic of the interviews (see Appendix B). Participants were encouraged to provide as much or as little detail about the questions as they wished and to take the questions in whatever direction they wanted. I would then ask further follow-up questions according to the direction the participants took the questions. The interviews lasted between 45 and 90 minutes, and they were each recorded on a digital recorder and later transcribed into text.

Procedure

The procedure for the analysis involved repeatedly reading through the data, paying attention to patterns of discourse in the text that related to the research question. The process of reading and re-reading the text involved noting the use of metaphors or repetitive use of phrases and how these features served to organize the text. I further explored inconsistencies and negative cases to determine if a revision or abolishment of a repertoire was warranted or if such inconsistencies could result in a deeper understanding of the repertoire in question.

Analysis

One interpretative repertoire was constructed with the data in relation to the above research question. The repertoire drawn upon by participants when speaking about the way couple therapy impacted their everyday lives was the “therapy life is not real life” repertoire, i.e.,

couple therapy is separate from daily living and, although it runs alongside the events of day-to-day life, any impact couple therapy might have does not become entrenched in daily living.

The “Therapy Life is Not Real Life” Repertoire

The interpretative repertoire constructed from the data regarding the way participants framed the effects of couple therapy on daily life is the “therapy life is not real life” repertoire. This repertoire suggests that therapy and day-to-day life run parallel to, instead of being intertwined with, one another, and the events that take place in the therapy sessions are not incorporated into daily life.

For some participants, couple therapy was not discussed outside of therapy sessions and, as such, was constructed as having had little impact on day-to-day life. For example, when asked if she and her ex-husband spoke about their therapy outside of the sessions, Christine says:

I do believe, I remember going to the session and meeting him there, and we would walk in, not say a word to each other, and sit down; go through our motions talking to the counsellor and go home. I mean, we lived in a big house. It was almost just like we were roommates.

Christine’s use of the idiom, “go through our motions,” suggests a level of automaticity in the exercise, as though there was little interest or involvement in the content or process of what was happening. Her reference to the fact that they went home and lived like “roommates” indicates a lack of intimacy or connection and, in the context of the question she was answering, a lack of engagement in anything related to the therapy session. Similarly, when presenting the events after the first couple therapy session of her and her ex-husband’s third course of couple therapy, Meagan states: “We left and he went in his car and I went in my car, and we both went home in the same house but yet pretty much different lives.” As was the case in Christine’s excerpt,

Meagan presents the notion of a separation between her and her ex-husband after leaving the therapy session in that she notes them each driving separate vehicles and living different lives. Similarly to Christine, the therapy session was constructed as the only time they came together. Only slightly different from Christine and Meagan's accounts, Paul states when asked if he and his ex-wife spoke about their therapy between sessions: "We did. Well not in between. Probably the car ride home would probably have been the extent of it." Initially he states that they did speak about therapy between sessions, but he then corrects himself and uses the phrase "the extent of it," suggesting that the car ride was the length of time that the conversation extended. As such, for each of these three participants, what happened in the therapy sessions, by and large, was constructed as staying in the therapy sessions and not being explicitly discussed between therapy sessions.

One way that couple therapy might impact daily life is when couples engage in "homework exercises." However, for the participants in this study, although there might have been attempts made at following recommendations or complying with homework exercises, these efforts were often constructed as short-lived in the accounts presented. For example, when describing the homework exercises from her and her ex-husband's third course of couple therapy, Meagan states:

She wanted him, like part of his homework was to become more involved with the kids. Like, instead of me bathing them every night and getting them ready and read their stories and stuff, like for him to do. So we kind of were to share the duties and do that type of thing, so not every night I was to do that. That didn't last very long so that kind of homework didn't work.

After presenting the specific tasks her ex-husband was to engage in as part of his homework, she notes that “that didn’t last long,” indicating that, according to her version of events, her husband initially engaged in the activity but stopped doing so after a short amount of time. She then concludes, based on his lack of compliance, that that particular type of homework did not work. Using the phrase “kind of homework” suggests the existence of several different kinds of homework, of which the one mentioned here falls into one particular category. By using the connector “so” in this context (i.e., “so that kind of homework...”), Meagan attributes the failure of the exercise to the kind of homework rather than to the individuals involved, indicating that there is something about this particular type of homework that was constructed as unhelpful.

Later Meagan notes:

I don’t remember all the different exercises, or whatever, but they [the therapists] would always kind of give you something to think about for the next time, or: ‘Think about this, and when you come back next time, tell me what you thought about or write it down and bring it back with you,’ and I would do mine, but he wouldn’t do his, so it was almost one-sided.

In this excerpt, Meagan initially presents the homework activities as exercises, but then added “or whatever,” suggesting a disregard for or dismissal of this type of therapy activity. Describing the exercises as “one-sided” because she did her part, while her ex-husband did not do his, suggests the notion that compliance in completing such exercises from both parties in a couple is required in order for the exercise to be experienced as equal or fair. Adding “almost” to the phrase (“so it was almost one-sided”) indicates that, although her husband’s lack of compliance with the exercise made it one-sided, it was not completely so. Further, Meagan states:

They wanted him to go and get a bankcard and start using it; and he did get a bankcard, but he didn't really use it. He still refused to pay bills and stuff. I mean that kind of worked but it didn't work.

Here she initially states that it "kind of worked," indicating that the suggestion only worked to some extent; however, she then adds: "but it didn't," indicating that, although it might have worked to some extent, it was not really helpful in the end. In each of these three excerpts, there are opportunities for the couple therapy to influence the daily lives of Meagan and her ex-husband; however, in each situation, Meagan construes the influence to be partial or short-lived. In addition, in each of these situations it appears that the between-session activity in question was not engaged in fully by one or both partners; however, the discourse used (e.g., "it didn't work") suggests that the activity was construed as unhelpful or unsuccessful as a result.

For one participant, the suggestions made by the therapists were not attempted because they did not seem to fit with how the couple saw themselves. For example, Brian states: "To be quite honest, it almost seemed every time we came out with the same answers. They told us to do the same things and we didn't." In this excerpt, Brian notes that each of the different therapists he and his wife saw suggested similar things, which were not attempted. He prefaces his statement by saying: "to be quite honest," indicating that the content of the statement is something one might normally be reluctant to be honest about, such as, for example, not complying with the suggestion from a therapist. Later, Brian says: "They would say stuff to us, and it was like, that is not who we are so we can't change that." Here Brian switches from past tense to present tense as though he switches to speaking directly to the therapist when explaining why he and his wife were not able to comply with the suggestions. In effect, he states that "it is not who we are," indicating that one can only change things as long as the change is consistent

with how one sees oneself. As the change suggested did not fit with that, he constructs it as not feasible. He later notes: “Maybe that is, you know, that is why we’re where we are at because they are telling us, you know: ‘if you do this, then this will happen,’ but we don’t do that.” In this excerpt, Brian acknowledges that the fact that he and his wife did not follow the suggestions of the therapist might have something to do with the current state of their relationship. He uses the example of the therapists, saying: “if you do this, then this will happen,” but then adds that he and his wife “don’t do that,” which insinuates the next sentence being “so that does not happen.” In other words, an assumption is made that because they did not follow the advice of the therapist, they did not reap the benefits that would have come from such advice. In addition to the lack of congruence between personal style and expectations from therapists mentioned above, another participant also reported a lack of connection between the way he and his partner behaved during the therapy sessions and at home. For example, Paul states when describing the content of conversations on the way home from therapy sessions: “It was kind of like, well, critiquing how you performed at the therapy.” By referring to one’s behaviour during therapy sessions as “performing,” it is possible that behaviours during sessions are being constructed as an act being put on that is not representative of reality or normal out-of-session behaviours. Again, the “therapy life is not real life repertoire” is at play in that a disconnection between couple therapy and real life or unscripted behaviour is constructed.

Other participants spoke about things changing briefly following therapy sessions, only to return to previous states after a while. For example, when asked about differences between sessions, Paul states:

Things improved for a period of time after, but we slowly got to the point where, you know, we were arguing and stuff again. The issues sort of bubbled to the surface again,

and then you start from square one again and you talk about it and you talked in therapy about it and it gets better for a while and then you go back and so it is just that.

After having noticed improvements immediately following the therapy session, Paul presents problems as “bubbling to the surface” again. In using this metaphor, he likens the return of the relationship problems to the way air bubbles in liquid move to the surface and pop. Within this metaphor is also the inevitability of the surfacing of the air bubbles, indicating the notion that the relationship problems Paul and his ex-wife were experiencing would inevitably resurface regardless of the efforts to address or suppress them. Paul then states that each time this happened, they would “start from square one,” suggesting a comparison to the idea of being penalized in a board game by having to return to the starting point of the game. Paul then presents the idea of cycling between experiencing improvements in therapy and then “go[ing] back.” He finishes by saying: “And so it is just that,” indicating that he constructs an inevitability in the cycle of being in couple therapy. Other participants also spoke about returning to pre-couple therapy behaviours. For example, Brian states:

I will constantly tell people I think she is very beautiful. I very rarely say that to her, and that is kind of one of the big things that the therapy would be good, is that you would, you would kind of remember to do those things for a bit, but then very quickly fall back into a routine.

Here Brian uses the phrase “falling back into a routine” as though he construes it as an inevitable involuntary motion of “falling” into the pattern that was present before the start of therapy. At another time, after explaining a specific strategy to address arguments that had been suggested for him and his wife to try using at home, Brian states: “You would try and make sure that you pay attention to certain things and it would work for a bit, and personally I found that too often I

would just slip back into being the same way.” Again Brian makes use of a phrase suggestive of involuntarily returning to previous ways by using the phrase “slip back into.” The use of this phrase makes a comparison to the notion of slipping on ice or another slippery surface, which suggests a lack of control on the part of the person who is slipping. As such, both Paul and Brian relied on the “therapy life is not real life” repertoire when constructing the improvements they saw during couple therapy as being followed by the return to previous states in that they both construed the return to old habits as something inevitable that was outside of their control.

Although there might have been a sense of optimism for some participants at the beginning of the couple therapy experience, it was often constructed as having worn off after a short while. For example, referring to the general impact of couple therapy on his and his wife’s daily relationship patterns, Brian notes:

I think the first session or so you are kind of like: ‘Okay well, that is good.’ Yeah, you know, and: ‘We are going to try that, and we are going to try that, and we are going to see that,’ and then I found after a little bit you were like: ‘I don’t see the bright shining light.’ Brian’s use of the phrase “I don’t see the bright shining light” suggests an expectation that couple therapy would result in a revelation of some sort. The idiom “to see the light” is often used to describe something changing for the better. In this case, Brian uses this idiom to indicate that he did not see the relationship change for the better as he had initially expected. In other words, he relied on the “therapy life is not real life” repertoire when constructing the change in his initial optimism about couple therapy and the effect it had on his relationship.

Other participants also spoke about the effects of therapy not lasting. When describing an activity suggested by one of the therapists Barb and her husband had seen, she states:

He gave us questions to ask ourselves: ‘What do I need of you, what do I need of myself?’ Things like that, but that’s, you know, you are really good at it for a bit, and then it just all falls apart again, and you fall. It is so easy to fall back into the way you were.

In this excerpt, Barb uses the word “fall” in three different ways to account for the tendency to return to pre-couple therapy behaviours. First she uses the phrase “fall apart,” which invokes the notion of something breaking or coming undone, as though to say that the efforts to make changes came undone or broke. She then says: “you fall,” suggesting that, for her, not being able to maintain the change was like falling down. Lastly, Barb says that it was easy to “fall back into the way you were,” referring to a similar idea as others above, of somehow being drawn back to previous ways of being, which suggests a lack of control. Barb uses the phrase “It is so easy to...,” suggesting a level of choice, although one that is difficult to refuse.

Meagan also uses the “therapy life is not real life” repertoire when speaking about the impact her couple therapy had on daily life. She presents the challenge of incorporating suggestions from the therapist into the daily routine with a few different examples. In the first excerpt, Meagan is explaining what she enjoyed most about her couple therapy experience, when she states:

Homework. The little things that they used to get us to do at home, and like date night. I remember the second time that we went in; she recommended a date night. You find somebody, you pay a babysitter, you find a family member, but once a month you have a date night, just the two you and that is all there is to it. We had about two date nights probably and then that was the end of it.

Here, Meagan uses the phrase “that’s all there is to it,” which suggests that the task should be easily accomplished and should not require much effort. However, by using the phrase “then that was the end of it,” she indicates that the adherence to the task ceased quickly and perhaps abruptly. Using those two phrases together in the same context suggests that even though a task should be relatively easy to accomplish, there is no guarantee that it will be engaged in on a continuous basis, or that the task becomes part of “real life.” Meagan also reports on another exercise that she and her husband were to practice between couple therapy sessions: “We were only supposed to talk about for an hour what we enjoyed, like things that wouldn’t end up in an argument. So that worked for a while, when he wasn’t working on Friday night.” In this excerpt, Meagan counters the success of the exercise in two ways. First, she states that it “worked for a while,” indicating that it stopped working or they stopped engaging in the exercise after some time. Then she adds: “when he wasn’t working on Friday nights,” suggesting that, even while it was working or they were still engaging in the exercise, there were times when other parts of life got in the way of it, such as working on the usual night for the exercise. Again, although Meagan indicates that this exercise was a helpful part of couple therapy, it was difficult to incorporate it into daily life on a regular, long-term basis. In a later excerpt, Meagan states:

When you get back home, you have got your family; you have got your job, and then all of a sudden, you would be doing something and it would be like: ‘oh yeah, maybe I should go and tell him supper is ready.’ You know? It didn’t really become routine.

Here, Meagan’s uses of the phrase: “then all of a sudden,” suggests that remembering about suggestions from therapy sessions is constructed as occurring in a sudden manner while she was busy with her regular daily activities, indicating that these suggestions were not regularly part of her awareness. She then provides an example of what she might tell herself as she became aware

of the therapist's suggestion: "oh yeah, maybe I should..." Again, the phrase "oh yeah," followed by the suggested action, suggests that she suddenly was reminded of the suggestion and it was not something she was already thinking about. In this extract, as well as the above extracts from Brian, Paul, and Barb, the speaker oscillates between speaking in the first person (i.e., "I"/"we") to speaking in the second person (i.e., "you"). Although there does not appear to be a clear pattern regarding the co-occurrence of such switches with a particular topic, these switches do suggest a distancing from the content of the discourse, which is consistent with the observation that the participants in each extract were presenting accounts of the challenges they experienced in terms of incorporating their couple therapy into daily life.

Some participants report a pattern between therapy sessions of improvements shortly after the therapy session, followed by deterioration as time went on, with new improvements happening again after the next therapy session. When talking about how couple therapy had an impact on day-to-day life between sessions, Meagan states: "It would help for the first few days after." By stating that the therapy "help[ed]," Meagan indicates that there was a positive impact of the therapy sessions on the identified problems that took place immediately following the therapy sessions. However, by adding "for the first few days," her statement also suggests that the improvement was constructed as short-lived. Meagan explains further how she experienced the impact of couple therapy sessions on daily life:

Friday night would come and we would have to do our talk so we would sit down and we would talk and we would have a great talk. We wouldn't talk about anything that could cause a fight. It was all, like I said, stuff that we liked we were supposed to talk. And then the next day, it was like Saturday; and well, Saturdays are for drinking, and that would start and then weekends were kind of usually fairly bad. I was usually off doing stuff with

the girls and he was either working or drinking or snowmobiling or 4-wheeling or hunting or whatever it was that he was doing. Then the week would start again. Then we would be into therapy again, right? So then it would be good and then it would kind of slowly go down and then we would talk again on the Friday, and it would be okay maybe for that night. It almost felt like a roller coaster — a lot of highs and lows.

In using the phrase: “we would have to do our talk,” Meagan indicates that doing these talks was something that was required or “had to” be done, rather than something that was part of their regular routine. As such, she indicates that these talks were something they made themselves do and not something that naturally became part of their daily lives. Next Meagan presents the typical routine of the weekend and subsequent week until the next therapy session. In the extract, she repeatedly uses the phrase: “Then”/“And then.” Such repetitive use of that phrasing could be understood as the listing of events that comprise a repetitive and predictable cycle, suggesting that Meagan construes the events between therapy sessions as following a set routine. Meagan’s use of the phrase “slowly go down” is a shortened version of the idiom “to go downhill,” which refers to something gradually getting worse. In this case, it is used to refer to the relationship situation that had improved following the therapy session. Linking the sentence about it being good again to the sentence about it going down again with an “and” instead of a “but,” indicates that the change was part of a pattern and not unexpected. She finishes her description by comparing the day-to-day experience of between-session time to a “roller coaster” with “lots of highs and lows.” The metaphor of a roller coaster is typically used to present events as involving a fluctuation between positive and negative experiences, an analogy which is further supported by the additional comment of the many highs and lows. Using the term “highs and lows” refers to an abbreviated version of the idiom “emotional highs and lows,” which is another way of

describing the fluctuation between the emotional states of being high or euphoric and feeling low or depressed. Overall, Meagan's excerpt highlights one component of the "therapy life is not real life" repertoire, i.e., that the small improvements which take place directly following therapy sessions or indirectly as a function of activities inspired by couple therapy are construed as short-lived in terms of their impact on daily life between therapy sessions as they are not incorporated into existing routines.

When using the methodology of interpretative repertoires, encountering contradictions of a repertoire can result in one of two possibilities: either the contradiction is found to invalidate the repertoire in question and it is discarded, or the contradiction results in a deeper understanding of the workings of the repertoire. In one of the interviews, the discourse was contradictory to the "therapy life is not real life" repertoire. This participant did not use discourse that indicated a lack of engagement between sessions. Rather, this participant positioned herself as being engaged in the practice of skills learned in couple therapy between sessions, and she used discourse focused on ways in which therapy sessions had had an impact on daily life in her relationship. This participant was the only one who was still actively involved in couple therapy. She reported being in a phase of couple therapy where she and her partner were primarily practicing their skills and not attending sessions regularly, although she indicated that the therapy was ongoing. It is reasonable to assume that this participant's constructions of the impact of couple therapy on daily life could be different from the constructions of participants who are no longer involved in couple therapy. It is also possible that the "therapy life is not real life" repertoire becomes particularly salient for people when they look at their couple therapy experience retrospectively, when they construct their therapy experience as having been

unsuccessful, and perhaps particularly in the present sample where a large number of participants were no longer in the relationship within which they had sought couple therapy.

Discussion

Although couple therapists will generally acknowledge that it is what happens during the time between therapy sessions, rather than the therapy sessions, that determines whether a couple will have a positive outcome of couple therapy (Dattilio, Kazantzis, Shinkfield, & Carr, 2011), the majority of couple therapy research has been focused on what happens during the sessions. The goal of this study was to gain a better understanding of the way participants who have engaged in couple therapy construct how such therapy has an impact on day-to-day living for couples.

One interpretative repertoire was constructed from the data using discourse analysis: “therapy life is not real life.” Participants drew on the “therapy life is not real life” repertoire when constructing the way couple therapy impacted their daily living. The “therapy life is not real life” repertoire posits that couple therapy runs parallel to real life but is not integrated into it in a long lasting, consistent manner. As such, the interplay between couple therapy and daily life is limited, and the impact of couple therapy on day-to-day life is limited. According to this repertoire, when people go to couple therapy, they engage in the process, but when they get home, they go back to engaging in their daily tasks and obligations. When they do engage in therapy-related activities between sessions, it is at specific times set aside for such activities, and such activities are not integrated into their daily routines.

When couples do acknowledge engaging in therapy-related activities between sessions, such engagement is constructed as short-lived. Regardless of the reason the activity was discontinued, participants generally construe the activity as being unhelpful or “not working” if

they did not maintain it. Dattilio (2002) emphasized the importance of ensuring that homework activities are germane to the couple in question as well as ensuring optimal timing of assigning homework activities in order to optimize their utility. Strong and Massfeller's (2010) research further suggested that homework activities should be tailored to clients' goals and should be negotiated between clients and therapists in order to take into consideration clients' life contexts, resources, and preferences. Likewise, Dreier (2011) noted that it is important for therapy not to disturb or overshadow other important aspects of clients' lives. He construed therapy as needing to fit into the everyday conduct of clients and highlighted the notion that aspects of therapy that do not naturally fit into the everyday conduct of clients are likely to be disregarded. As such, it is possible that the activities put forward for participants in the present study to engage in between sessions were not relevant to them in some way or that the timing of the activities was not optimal. These findings highlight the importance of therapists paying close attention to the individual situational factors of couples in therapy and designing between-session activities accordingly. Designing and selecting between-session activities in couple therapy based on individual and situational factors might be challenging in the context of manualized treatment approaches, which are likely to have a set of pre-determined activities to be used according to a pre-set timeline. It is indeed conceivable that pre-determined between-session activities as outlined in manualized treatment protocols are not going to be germane to all couples at the designated time in their therapy course, and that the use of such activities in such cases is likely to have a negative impact on couples' experiences with couple therapy.

When the partners in a couple do not engage in between-session activities equally, the activity itself is considered to be unproductive and its impact on daily living limited. Attributing lack of partner engagement in therapy activities between sessions to a flaw in the activity

suggests an expectation that successful couple therapy, or couple therapy activities, should somehow make those involved naturally want to participate. Dattilio (2002) indicated that the issue of spousal resistance is an issue uniquely important to the subject of compliance in couple therapy compared to individual therapy. Considering the issue of spousal therapy engagement in the context of the findings of Dattilio's (2002) study, a complicating factor of couple therapy might be that a particular activity is well-timed and germane to one partner in the couple, but not to the other partner. In this case, one partner might fully engage in the activity, while the other partner might not, leaving the former partner frustrated and constructing the activity as unsuccessful or unhelpful.

For couples who do attempt to engage in therapy-related activities between therapy sessions, multiple obstacles are seen as preventing consistent and/or effective engagement in these activities. In other words, not only is therapy life seen as different than real life, but real life is seen as actually getting in the way of therapy life. When the rush and routine of daily life is in play, the awareness of anything therapy-related seems to drift into the background. Clients might engage in couple therapy-related activities or change in ways associated with couple therapy in the short term, but the demands of daily life can take over, and the new ways can dissipate in favour of old habits. Frye (2002) found that participants reported a higher likelihood of returning to old relational thoughts and behaviours during times of exhaustion, distraction, and stress. In the present study, several participants reported a high level of relational conflict and volatility. Maintaining changes requires continued effort, attention, and energy, and it is possible that these factors were not constructed as being available to the participants to an extent that allowed them to maintain the changes or behaviours they attempted to implement, which resulted in the perception of a return to old routines. In a more general sense, the fact that many couples

do not seek help with their relationship problems until these problems have become severe (Doss, Atkins, & Christensen, 2003) might be important to note when considering expectations of change in couple therapy, as a large percentage of clients might not have the ability to engage in their therapy process between sessions in a manner required for sustainable changes to take place. In turn, the lack of engagement between sessions for couples in high conflict situations might seriously limit the impact of couple therapy on their daily lives. As a result, it is possible that such couples leave couple therapy with the construction of this form of therapy as unsuccessful or unhelpful in general.

According to the “therapy life is not real life” repertoire, between-session activities, if engaged in, take place at predetermined artificial times rather than as part of regular day-to-day interactions. Homework activities are seen as needing to be fit into the daily routines, and not as something that becomes integrated into them. As such, even if couples do make an effort to prioritize the therapy-related activities between sessions, the lessons from them, or the more subtle impact of interactional or behavioural changes, do not get carried into the daily ways of life. As such, homework activities become “mini-sessions” that take place between sessions, during which members of the couple engage in their therapy process for a designated time, only to return to their “regular ways” when the homework activity is over.

In this repertoire, the impact of couple therapy on daily living was constructed as not lasting in the long term. Even when clients reported engagement with their couple therapy while it was going on, the changes associated with it were constructed as not persisting. Bowen and Kurz (2012) also found that the impact of between-session practice did not last at follow-up. Similarly, over time, people reported returning to old habits even when they had experienced a positive influence of therapy on their lives at the time of the couple therapy. This finding was

supported by the presence of an apparent contradictory case in the present study. In this case, the participant did not clearly draw on the “therapy life is not real life” repertoire; however, given that this participant was still undergoing couple therapy, her experiences were significantly different from those of the remaining participants. Indeed, there had not been a lag in time from the end of therapy to the time of the interview during which the slippage back to old routines and behaviours could have taken place, which is predicted by the “therapy life is not real life” repertoire. It should be noted that five out of eight participants were no longer involved in the relationship within which they had sought couple therapy. As such, the results of this study should be interpreted with this context in mind as it likely influenced the constructions these participants made of their couple therapy experience and the accounts they presented of it. For example, it is possible that a number of the participants entered couple therapy for the sole purpose of appearing to be committed to resolving their relationship problems, as posited by the “commitment repertoire.” As a result, these individuals might not have been motivated to attempt to incorporate their couple therapy experience into their daily lives.

In addition to Potter and Wetherell’s (1987) coherence criterion (as detailed above), three other validity criteria can be used to assess the analysis associated with the “therapy life is not real life” repertoire. Consistent with the criterion of orientation, the participants in the present study orientated themselves to the issues related to the “therapy life is not real life” repertoire by speaking about them emphatically and at great length. Further, a potential new problem that might develop as a result of the “therapy life is not real life” repertoire is the question of the utility of manualized couple therapy; as such, an approach would rely on predetermined between-session activities, which is contradictory to the notion of personalizing such activities in terms of content and timing, as supported by the present analysis. Finally, in terms of the

fruitfulness criterion, the implications of the results of the analysis for clinicians conducting couple therapy are important to consider. For example, it might be valuable for therapists to understand the importance of timing and personalization of homework activities in order to facilitate engagement between sessions, as this information might differ from common practices of using standard activities with all couples.

Overall, the “therapy life is not real life” repertoire might suggest that people go to couple therapy with the assumption that therapy largely takes place during therapy sessions and not between them. Even when people acknowledge that they need to engage in couple therapy between sessions, such engagement was constructed as occurring in small artificial predetermined activity sessions – or mini between-session therapy sessions. It is possible that the lack of integration of couple therapy into daily life might result in a lack of meaningful long-term change resulting from couple therapy. Certainly this is how participants in the present study construed their experience in couple therapy. As such, changing the way people construe the phenomenon of couple therapy will be necessary in order to change how the therapy process and the time between sessions is constructed. Increasing awareness and understanding of therapy processes and of psychotherapy as being more than simply attending therapy sessions and engaging in distinct activities might be an important step toward improving clients’ therapy experience and, ultimately, their long-term couple therapy outcome.

The conclusions of this research must be understood in terms of the particularities of the data used in the study. For example, the fact that the majority of the participants were no longer involved in the relationship within which their couple therapy experience had taken place likely had an impact on the way they constructed their experience of couple therapy. Discussing an event that involved an ex-partner likely influenced the participants’ accounts of the experience.

As a result, it is possible that the participants positioned themselves in certain ways and drew on certain discourses that reflected their specific situation. Further, several of the participants spoke of their couple therapy experience in negative terms, and it is possible that these negative frames influenced the accounts they presented about the impact their couple therapy experience had on their daily lives. It should be noted that, when doing discursive work, there are always other research questions that could have been pursued from the present data set, and such questions would likely have resulted in the construction of other interpretative repertoires.

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Chapter 6: Summary and Conclusions

Research has generally found that couple therapy is most likely to be successful when people enter it early in the development of problems or conflict (Doss, Atkins, & Christensen, 2003), when they stay in therapy until they have achieved their therapeutic goals or they have attended a predetermined number of sessions (Knobloch-Fedders, Pinsof, & Mann, 2007), and when they are compliant with homework assignments and generally stay engaged throughout the therapy process (Reuterlov, et. al., 2002; Zeeck & Hartmann, 2005). Unfortunately, these conditions are not always met, and people's couple therapy experience is not always as successful as it could be. In the preceding three studies, the issues of under utilization, premature termination, and lack of engagement or compliance with homework were discussed respectively. Using the qualitative methodology of discourse analysis, three guiding research questions were investigated in the three studies respectively: 1. What discourses do individuals who have participated in couple therapy draw on when constructing what it means to be seeking couple therapy? 2. What discourses do people draw on when constructing what is important for a positive couple therapy experience? 3. How do participants in couple therapy construct the influence of therapy on daily living? Each of the questions was investigated from a constructionist epistemology in which it was assumed that people make sense of events in their social world through the use of language. Through the use of discourse analysis, interpretative repertoires were constructed from the data, which consisted of semi-structured interviews and comments from online discussion forums.

Overview of Studies

In the first study, two interpretative repertoires were created with the data: the "relationship breakdown" repertoire and the "commitment" repertoire. Each of these

interpretative repertoires occurs under the prerequisite assumption of the other. That is, couple therapy is something that couples attend when their relationship is broken and when they are committed to or want to appear to be committed to their relationship. On the other hand, if members of a couple are not experiencing relationship problems, they would not attend couple therapy, and if they are not committed to remaining in their relationship and to resolving their relationship problems, they also would not engage in couple therapy. In the study, the premises of these interpretative repertoires are used to understand people's decisions to enter couple therapy and also what might make couples choose not to enter couple therapy. For example, through the "relationship breakdown" repertoire, it would appear that a person who does not perceive his or her relationship to be broken or have any problems, or who does not wish for anybody else to draw the conclusion that there are problems in his or her relationship, would choose not to enter couple therapy. In other words, in addition to lack of awareness, avoidance, or denial of relationship problems, issues related to shame and embarrassment might play a role in the reluctance people have regarding engaging in couple therapy. On the other hand, in addition to helping us understand why someone who is committed to his or her relationship might choose to enter couple therapy and someone who is not committed to his or her relationship would choose not to enter couple therapy, the "commitment" repertoire can also be used to understand why a person who is *not* committed to remaining in a relationship might choose to attend couple therapy. Because it is assumed that everybody draws upon the "commitment" repertoire when constructing why a person might enter couple therapy, someone might choose to enter couple therapy simply in order to appear as though he or she is committed to his or her relationship in the eyes of others (e.g., family or friends).

In the second study, the interpretative repertoire, “the shoe must fit,” was constructed from the data. According to this repertoire, in order for a couple to have a positive or successful couple therapy experience, he or she must experience a certain fit or connection with the therapist. Members of the couple will not feel comfortable sharing openly with the therapist if they do not experience this fit and the therapy will not be successful or beneficial, which in turn will make the couple more likely to discontinue therapy prior to the resolution of the issues that brought them to therapy in the first place. On the one hand, “the shoe must fit” repertoire offers a way of explaining the importance of the construct of therapeutic alliance in terms of its significance in the therapeutic process. On the other hand, “the shoe must fit” repertoire also provides an alternative way of understanding the notion of premature termination. In the literature, and perhaps also in the clinical world, couples who discontinue therapy early are often perceived as delinquent in some way; however, if this apparent problem is viewed through the lens of “the shoe must fit” repertoire, it is possible that these couples simply did not experience a good fit with their therapist. In that case, it would be reasonable to discontinue therapy and perhaps attempt it again with a therapist with whom a better fit is experienced. In this study, the notion of the “the shoe must fit” repertoire led to a discussion of consumer sovereignty in healthcare, in response to a trend in the data of participants referring to the act of finding a therapist with whom they experienced a good fit as “shopping around.” It would appear that a trend exists in which people are taking control of the quality of their own healthcare by educating themselves and using this knowledge to actively make decisions about the care they seek. As such, the results from this study indicate that when members of a couple end a course of couple therapy earlier than expected, they might not be doing so because they are “delinquent” in some way, but rather they might simply be choosing to discontinue working with the therapist in

question because they are actively taking control of their therapy and wish to find a therapist with whom they experience a better fit.

In the third study, one interpretative repertoire was created: the “therapy life is not real life” repertoire. The premise of this repertoire is that couple therapy does not get incorporated into daily life but takes place in a vacuum and consequently does not have a significant impact on daily life. In other words, “therapy life” runs parallel to “real life” and the two coexist but rarely intersect for any length of time. As such, couples might be engaged in the therapy process while attending therapy sessions, but when they leave the sessions, they leave the therapy process as well. If they do choose to engage in therapy-related activities outside of therapy sessions, such engagement takes place during designated timeframes and is not integrated into regular routines of day-to-day life. The “therapy life is not real life” repertoire provides an avenue for understanding the issue of lack of compliance with homework activities in couple therapy, and it raises questions as to the likelihood of long-term change taking place as a result of couple therapy. As such, in order to improve the overall engagement of clients in couple therapy and in order to improve the impact of therapy on the lives of couples, it will be important to address the current prevailing construction that couple therapy is something that mostly takes place during therapy sessions.

Possible Interactions Between Interpretative Repertoires

If all of the interpretative repertoires are considered together, the possibility of relationships among these constructs becomes apparent. As previously noted, a number of possible interactions between the “relationship breakdown” repertoire and the other repertoires can be considered. The relationship between the “relationship breakdown” repertoire and the “commitment” repertoire was discussed in the first study, where it was argued that these two

repertoires function as prerequisites for one another. In other words, it was argued that people draw on each of these repertoires when determining if engaging in couple therapy is appropriate given their situation; a person must construct his or her relationship as broken and be committed to remaining in the relationship in order to determine that couple therapy is the solution. If one of these conditions is not met, the person is unlikely to seek couple therapy. If we consider the possible interactions between the “relationship breakdown” repertoire and the “the shoe must fit” repertoire, a number of possibilities can be construed. For example, the degree of brokenness a person perceives in his or her relationship might influence how determined the person is to find the right fit with a couple therapist. This determination might be even more pronounced if the commitment to remain in the relationship is also high, bringing in an additional interaction with the “commitment” repertoire. Concern about finding a good fit could play out in a number of possible ways. For example, a person might be keenly aware of the prospects of an unfavourable outcome when there is a poor client-therapist fit and, as a result, terminate therapy in search of a better fit. However, the opposite could also be a possibility in that a person’s determination to seek therapy might make him or her less concerned with the fit in an effort to get the therapy process under way and, as a result, continue therapy with a therapist with whom the fit is not ideal.

Another possible interaction between the “relationship breakdown” repertoire, the “commitment” repertoire and the “the shoe must fit” repertoire takes place when the prerequisites for seeking couple therapy no longer exist, i.e., the couple no longer construe their relationship as broken or they are no longer committed to remaining in the relationship. Under these conditions, a couple is likely to terminate therapy even if the couple had constructed the fit with the therapist as satisfactory and such therapy termination could be deemed premature (e.g.,

if a certain predetermined number of sessions have not been attended, if original therapy goals have not been met, or if the therapist still assesses a need for further therapy sessions).

Possible interactions can also be construed between the “relationship breakdown” repertoire and the “therapy life is not real life” repertoire. For example, if a person does not consider his or her relationship as broken, she or he is not likely to feel compelled to engage in the therapy process between sessions or to incorporate the process into daily life. A similar assumption can be made regarding the “commitment” repertoire and the “therapy life is not real life” repertoire as a person who is not committed to remaining in the relationship is also unlikely to be motivated to be actively involved in the therapy process between sessions or to make it part of daily life. On the other hand, one might assume that a person who constructs his or her relationship as suffering significant problems might be keenly interested in engaging in intersession activities and in attempting to incorporate therapy practices into day-to-day life. Again, a similar interaction is likely between the “commitment” repertoire and the “therapy life is not real life” repertoire as a person’s high level of commitment might compel him or her to work extra hard on homework assignments and on making the therapy process part of daily routines.

In addition to the interactions already discussed, another type of interaction is possible between the “commitment” repertoire and other repertoires. As discussed in study two, some people are going to enter couple therapy when they are not committed to their relationship or interested in solving their relationship problems – i.e., those who enter couple therapy for the purpose of appearing as though they are committed to their relationship. If a person is not actually entering couple therapy for the purpose of opening up to a therapist and resolving problems, he or she is unlikely to be as particular about the fit s/he experiences with the couple

therapist. Further, it would be a reasonable assumption that such a person is also going to be less motivated to participate in between-session activities, as participation in such activities would be unlikely to be obvious to people outside the relationship, making such participation unnecessary for the person to achieve his or her goal of simply appearing to be committed. Similarly, such a person would likely be less interested in engaging in and incorporating therapy practices into daily life in general. This possibility might have played a role in the third study in those cases, in which the partner was presented as not wanting to participate in between-session activities and it might be at the root of the spousal resistance to which Dattilio (2002) referred.

Finally, considering interactions between the “the shoe must fit” repertoire and the “therapy life is not real life” repertoire, one might anticipate that if members of a couple are not experiencing a good, comfortable fit with their couple therapist, they might also be less likely to engage fully in the therapy process between sessions; indeed, support has been found for the notion that therapeutic alliance is related to between-session engagement (Owen, Quirk, Hilsenroth, & Rodolfa, 2012). On the other hand, the opposite is likely to occur if the couple constructs themselves as having a particularly good fit with their therapist. Finally, if one partner construes the fit as good but the other partner does not, the latter partner might be less engaged in between-session activities and less likely to incorporate therapy practices into daily life, which again could be construed as spousal resistance (Dattilio, 2002).

Clinical Implications

The results from the present studies might be beneficial for clinicians conducting couple therapy. For example, couple therapists likely already assume that people who access couple therapy are experiencing relationship problems, as was supported in this research; however, they might not always consider the level of commitment of each partner when a couple seeks therapy.

Couple therapists might be well advised to routinely consider the possibility of a couple or a partner simply wishing to appear to be committed when conducting initial assessments with couples seeking couple therapy, as such a situation could have significant implications for the course of therapy. Also, couple therapists might wish to bear in mind the implications of the “the shoe must fit” repertoire when meeting with prospective couples, as such couples might be in the process of “shopping around” for the therapist with whom they experience the best fit. As such, making initial sessions as informative as possible about the therapist’s style, while limiting the resources the therapist invests in the initial session, might be advisable. Further, it might be beneficial to the process of establishing a good fit to be open about this process and have clear communication about the importance of fit and the acceptability of moving onto another therapist with whom the couple experiences a better fit. Such openness might result in more direct communication about intentions, which could reduce the negative impact of early termination. In addition, considering the importance of the fit as well as the working alliance as demonstrated in previous research discussed above, it might be beneficial for clinicians to encourage couples to share their constructions of what they are expecting of their couple therapy experience, as such a discussion might serve to improve the ability of the clinician to optimize the fit with the couple. Further, couple therapists would likely benefit from carefully considering the between-session activities they plan to use with a given couple, including both the content and timing of such activities, in order to maximize the likelihood that the couple will engage in such activities, as per the “therapy life is not real life” repertoire. Further, therapists might pay specific attention to and encourage couples’ incorporation of therapy practices into their daily lives in order to improve the impact of therapy and the likelihood that improvements will be maintained. Finally, it might be of benefit for professional organizations to consider providing

more education to the public about the process and work of couple therapy, as such awareness might serve to prepare potential couples for their therapy experience and reduce the prospect of clients choosing to end their couple therapy experience prematurely.

Future Directions

The results from these studies can help guide the direction for further research in the areas of under utilization of couple therapy, premature termination of couple therapy clients, and lack of between-session engagement or compliance with homework activities in couple therapy. For example, it would be beneficial to present these interpretative repertoires to couple therapists for their comments and reactions. Further, when conducting research in the area of early termination, researchers might want to consider the fit between the therapist and the couple when evaluating possible explanations for decisions to remain in or terminate therapy. Also, given that the results of the present studies highlight the importance of considering the construed fit between couples and therapist, along with the importance of individual couples' differences and the context of their relationships in designing and timing of between-session activities, researchers conducting studies with manualized couple therapy approaches might wish to consider such findings when constructing interpretations of their results. Finally, further research is needed to determine to what extent couple therapy processes are incorporated into daily living, particularly in terms of how well such practices become a part of long-term relationship change. Here, it might be of benefit to consider the work of Dreier (2011) when designing such research, particularly his idea of teaching clients about seizing occasions to pick up therapy-related change processes between sessions.

Limitations

In addition to the limitations outlined in the three studies, a few additional challenges need to be mentioned. First, significant difficulties were encountered with respect to recruitment of participants. For example, the intent was initially to recruit participants who were starting a new course of couple therapy, with the goal to recruit these participants through couple therapists in the community. In addition to participating in pre-therapy and post-therapy interviews, the data was to include recorded diary entries from participants regarding their constructions of the therapy process. Of the many therapists that were approached about facilitating recruitment, only a small portion agreed to participate. Unfortunately, no participants were recruited via this avenue. As a result, the design of the studies was changed to the present format in order to simplify the requirements of participants, with the hope that this change would improve recruitment. Although the recruitment approach described in the three studies that was subsequently adopted resulted in eight interview participants, this recruitment process took place over several months and still did not yield the number of interview participants originally aimed for. Given the recruitment difficulties, it was decided to proceed with the research although a more diverse sample including more interviewees who were still involved in the relationship for which they sought therapy would have been desirable.

A second limitation is the limited incorporation of data from the online discussion forums. Significant difficulties were encountered in gathering data from the online discussion forums. In addition to gathering data from existing posts and comments on the discussion forums, the initial intent had been to also post specific questions to the forum communities with the hope of generating data from comments posted in response to these questions. Unfortunately, not all forum managers responded to inquiries about posting such questions and in the one case

where permission was granted to post such questions, no comments resulted from forum members. As such, only the existing forum posts and comments were used as data in the present studies. The original goal of using two sources of data in each of the studies was not possible due to the limited content found in the online discussion forums that related to my research questions.

Third, using interview data presents a limitation, as data generated in this manner might not capture ways in which participants might have talked were they not placed in the interview situation and asked the questions used in this study. Although participants were encouraged to speak freely and respond to the questions in whatever way they preferred, the fact that they were asked specific questions means that the ways in which they talked were influenced by these particular questions; it is likely that other questions would have resulted in different discursive patterns.

Finally, in addition to the limitations associated with the interview sample mentioned in chapter 5, gathering clinical data regarding the therapy experience presents certain challenges. For example, the ways in which the goals of the therapy were framed by both the participants and their therapist were not known. Exploring such discursive framings might form a part of future research in this area.

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Appendix A
Recruitment Poster

**Have you
participated in
Couple Therapy?**

**Do you want to share your experience by
participating in a research study?**

**Would you like to participate in a 90 minute
interview and make \$25?**



**If you answered yes to all the above questions,
please contact me for more information**

**Merete Sommerlund B.A. (Hons), Primary Researcher
& Dr. Linda McMullen, Ph.D., Researcher Supervisor**

Department of Psychology

Phone: 902-582-7511 or email: merete.sommerlund@usask.ca

902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca	902-582-7511 merete.sommerlund@usask.ca
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Appendix B

Interview Schedule

Demographics:

- Age?
- Gender?
- Type of relationship (common-law/marriage)?
- Length of relationship at time of therapy?
- Currently in relationship within which couple therapy took place?
- Number of times in couple therapy?
- When did the couple therapy experience(s) take place?
- Number of sessions attended?
- Therapy setting?
- Therapist's training?

1. What did you expect couple therapy to be like?

- What previous experience did you have with couple therapy?
- What were your hopes and wishes?
- What were your worries and fears?
- What did you think would be difficult about participating in couple therapy?

2. What did it mean for you to be seeking couple therapy?

- What were some positive and negative beliefs you had about the idea of entering therapy?

3. What did you think participating in therapy would do for your relationship?

- What kind of changes were you expecting?
- How did you think it would impact the way you saw your relationship?

4. In what ways were your expectations regarding couple therapy fulfilled?
5. In what ways were your expectations not fulfilled?
6. What was it like for you to participate in couple therapy?
 - Which aspects of the therapy did you find helpful?
 - Which aspects did you find unhelpful?
 - Which aspects of the therapy did you find particularly difficult?
 - Which aspects of the therapy do you think were most important for generating change in your relationship?
7. How did participating in the therapy affect your relationship?
 - In what ways is your relationship different from the way it was before you started couple therapy?
 - In what ways is your relationship the same as it was before you started couple therapy?
 - How has your experience in therapy affected how you see your relationships?
 - How has your experience in therapy affected how you see your partner?
8. How did therapy affect your day-to-day life?
 - What happened after you left your therapy sessions?
 - Did you discuss the therapy between sessions?
 - Did you behave or interact differently after you started therapy? (between sessions)
 - Did you have homework assignments?
 - Did you complete these? What was that like?
9. How did your day-to-day life affect the therapy process?
 - How did daily life interactions impact what happened in therapy sessions?

- Did you discuss between-session events during therapy sessions?
- When you brought up daily occurrences in your therapy sessions, how was it received?
- Were there events between sessions that you thought about bringing up in therapy, but decided not to? What made you decide not to bring them up?
- What else was important for you about your couple therapy experience?

10. Do you have any questions or concerns about the research experience?

Appendix C

Ethics Approval



Behavioural Research Ethics Board (Beh-REB)

Certificate of Approval

PRINCIPAL INVESTIGATOR
Linda McMullen

DEPARTMENT
Psychology

BEH#
07-265

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED (STUDY SITE)
University of Saskatchewan
Saskatoon SK

STUDENT RESEARCHERS
Merete Sommerlund

SPONSOR
UNFUNDED

TITLE
Couples' Constructions of Process and Outcome of Couple Therapy: Discourse Analysis of Multiple Case Studies

APPROVAL DATE
02-Jan-2008

EXPIRY DATE
01-Jan-2009

APPROVAL OF:
Ethics Application
Consent Protocol

CERTIFICATION

The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: <http://www.usask.ca/research/ethical.shtml>

Jolene [Signature]
University of Saskatchewan
Behavioural Research Ethics Board


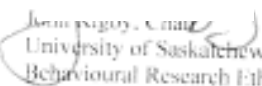
Jan 4/08
Signature Date

Please send all correspondence to:

Ethics Office
University of Saskatchewan
Room 306 Kirk Hall, 117 Science Place
Saskatoon SK S7N 5C8
Telephone: (306) 966-2084 Fax: (306) 966-2089

Appendix D

Ethics Approval of Study Amendments

	UNIVERSITY OF SASKATCHEWAN	Behavioural Research Ethics Board (Beh-REB)
Certificate of Approval Study Amendment		
PRINCIPAL INVESTIGATOR Linda McMullen	DEPARTMENT Psychology	Beh # 07-265
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT University of Saskatchewan		
STUDENT RESEARCHER(S) Merete Sommerlund		
SPONSORING AGENCIES UNFUNDED		
TITLE Discourse Analysis of Constructions Of Couple Therapy		
APPROVAL OF Revised title Collection of data from online "www.talkaboutmarriage.com" discussion forum Post-therapy interviews	APPROVED ON 02-Jul-2009	CURRENT EXPIRY DATE: 31-Dec-2010
Full Board Meeting <input type="checkbox"/>	Date of Full Board Meeting:	
Delegated Review <input checked="" type="checkbox"/>		
CERTIFICATION The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents. Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.		
ONGOING REVIEW REQUIREMENTS In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: http://www.usask.ca/research/ethics_review		
 University of Saskatchewan Behavioural Research Ethics Board		
Please send all correspondence to: Research Ethics Office University of Saskatchewan Box 5000 RPO University, 1602-110 Gymnasium Place Saskatoon SK S7N 4J8		



Appendix D

CONSENT FORM

You are invited to participate in a study entitled “Discourse Analysis of Constructions of Couple Therapy.” Please read this form carefully, and feel free to ask questions you might have.

Researcher: Merete Sommerlund, B. A. (Honours)
Doctoral Candidate
Department of Psychology, University of Saskatchewan
(306) 931-3420
merete.sommerlund@usask.ca

Research Supervisor: Linda McMullen, Ph.D.
Professor
Department of Psychology, University of Saskatchewan
(306) 966-6666
linda.mcmullen@usask.ca

Purpose and Procedure: To date, limited research has focused on examining clients’ experiences of couple therapy, and there is nearly a complete lack of research investigating the influences of events taking place between therapy sessions on the process of couple therapy. The purpose of this study is to explore how individuals talk about their experience in couple therapy. I am particularly interested in how individuals describe changes that took place as a function of the therapy, the impact of going through couple therapy on everyday life, and how between-session experiences influenced the process of therapy as a whole. Furthering our understanding of how clients experience couple therapy has important implications for researchers conducting couple therapy research and for clinicians conducting couple therapy.

As a participant in this study, you will be asked to take part in one interview. The interview will be informal in nature and can take place either at your home or at the university (location to be specified) depending on your preference. The interview may take between one and two hours and it will be audio taped. As a gesture of gratitude for your time and the valuable data your participation will generate, you will be remunerated with \$25.

Potential Risks: Participating in the interview may lead to discussion of unpleasant matters, and it may bring about thoughts and feelings that are unpleasant. It is important to emphasize that the point of the interview is not to discuss the relationship difficulties that brought you to therapy. It is also possible that your participation in the interview may lead to discussions about your therapy experience between you and your partner.

Potential Benefits: Your participation will aid in furthering our understanding of how clients experience couple therapy, which, in turn, has important implications for researchers and for clinicians. However, it is possible that there are no benefits to your participation.

Storage of Data: All research materials, including audiotapes from interviews as well as documents containing transcribed text from these tapes, will be safeguarded and securely stored by the researcher at the University of Saskatchewan for a minimum of five years.

Confidentiality: The data from this study will be part of a doctoral dissertation, which is a public document, and it may be published and presented at conferences; however, your identity will be kept confidential. Although I will report direct quotations from the interviews, you will be given a pseudonym, and all identifying information (e.g., your names and the name of your therapist) will be removed from the report.

Right to Withdraw: Your participation is voluntary, and you may withdraw from the study for any reason, at any time, without penalty of any sort, and you may refuse to answer any individual questions during the interviews. As I will report direct quotations from the interviews in the write-up of the study, you have the right to withdraw any statement made during an interview from the study. If you wish to withdraw a statement from the study, you should do so as soon as possible. If you withdraw from the study at any time, any data that you have contributed will be destroyed beyond recognition. Participants withdrawing from the study at any time will still receive the \$25 remuneration.

Questions: If you have any questions concerning the study, please feel free to ask at any point; you are also free to contact the researcher at the number or email provided above if you have questions at a later time. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on (July 3, 2009). Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (966-2084). Out of town participants may call collect. If you would like to find out about the results of the study, please feel free to provide the researcher with your email or home address, and a summary of the results will be sent at a later date.

Consent to Participate: I have read and understood the description provided above; I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above, understanding that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records.

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)